

MARGIN RESERVED FOR BINDING

V. S. 11-A-10M-2-30-Books of 100

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Knox Registration District No. 673 File No. 2269
Township Danville Primary Registration District No. 2714 Registered No. 3
or Village Danville No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2 FULL NAME Mrs. Malinda Bradfield Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Thomas Bradfield (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 76 Months 2 Days 9 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Coshocton Co. (State or country) Ohio
13. NAME Israel Lanning
14. BIRTHPLACE (city or town) Unknown (State or country)
15. MAIDEN NAME Lillian M. Cox
16. BIRTHPLACE (city or town) Coshocton Co. (State or country) Ohio
17. INFORMANT The Signature of Mrs. P. B. Firdenbaugh and (Address) D. O. Danville, O.
18. BURIAL, CREMATION, OR REMOVAL Place Workman Date 2-19-1931
19. UNDERTAKER Robert Edgar (Address)
19a. Was body embalmed Yes Embalmers No. 1843 H
20. FILED 2-28-1931 John L. Rice Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-16-1931
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931 to Feb. 16, 1931.
I last saw him alive on Feb. 15, 1931; death is said to have occurred on the date stated above at 3:45 P.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Angina Pectoris Date of onset Feb. 11
CONTRIBUTORY CAUSES of importance not related to principal cause:
Name of operation None Date of
What test confirmed diagnosis? Chlorine Was there an autopsy? h
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Paul R. M. Chaulking, D.
(Signed) Paul R. M. Chaulking, D.
Date 1931 Address Danville, O.