# STANDARD CERTIFICATE OF DEATH

Registered No. 466
Health Department
Wheeling
West Virginia.

PLACE OF DEATH.
County of Ohio.
City of Wheeling, No. North Wheeling Hospital St. 1 Ward.

[IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.]

FULL NAME. Jessie Moore

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD): Married

6 DATE OF BIRTH: Feb 21 (MONTH DAY), 1892 (YEAR)

7 AGE: 21 YRS. 5 MOS. 6 DS. — IF LESS THAN 1 DAY, ..... HRS. OR ..... MIN.

8 OCCUPATION
(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK: Housewife
(b) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER): at Home

9 BIRTHPLACE (STATE OR COUNTRY): Kanawha

PARENTS
10 NAME OF FATHER: William A McKeen
11 BIRTHPLACE OF FATHER (STATE OR COUNTRY): Ohio
12 MAIDEN NAME OF MOTHER: Lucy Gatton
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY): Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Mrs Edward Baker
(ADDRESS) East 29th St

15 FILED July 29 1913 W. C. Etzler, M.D.
REGISTRAR

should state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 27 (MONTH DAY), 1913 (YEAR)

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1913, to July 26 1913, that I last saw h.... alive on July 26 1913, and that death occurred, on the date stated above, at 2 A.m.

The CAUSE OF DEATH* was as follows:

Septic Peritonitis

(DURATION) ..... YRS. ..... MOS. 3 DS.

Contributory Ruptured Tubal Birth

SECONDARY ..... (DURATION) ..... YRS. ..... MOS. ..... DS.

Signed ..... M. D.

* STATE THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES, STATE (1) MEANS OF INJURY; AND (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE For Hospitals, Institutions, Transients, or Recent Residents
AT PLACE OF DEATH 0 YRS. 0 MOS. 2 DS. IN THE STATE 0 YRS. 0 MOS. 2 DS.
WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12th & Grandview Ave Whg
FORMER OR USUAL RESIDENCE 12th & Grandview Ave Whg.

19 PLACE OF BURIAL OR REMOVAL: Mamok O
DATE OF BURIAL: July 30, 1913

20 UNDERTAKER: Louis Bentsch
ADDRESS: Wheeling W Va

11—3184