

## Duncan Harriette 1942

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security

No. 20 27227

## 1 PLACE OF BIRTH

County HolmesPrimary Registration District No. 613File No. 27227

Township

Registration District No. 2651Registered No. 7

or Village

Killbuck Ohio

No.

St.

Ward

or City of

(If death occurred in a hospital or institution, give its Name instead of street and number)

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 Harriette DuncanDid Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

Killbuck

St.

Ward

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, Write the word  
Widowed or Divorced Married5a. If Married, Widowed, or Divorced  
Husband of (or) Wife of6. DATE OF BIRTH (month, day, and year) Oct 22 19127. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min. 39 6 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) Aug 1941 11. Total time (years) spent in this occupation 2912. BIRTHPLACE (city or town) (State or country) Millersburg Ohio13. NAME Harriette Duncan14. BIRTHPLACE (city or town) (State or country) Millersburg Ohio15. MAIDEN NAME Nancy Duncan16. BIRTHPLACE (city or town) (State or country) Ohio17. The Signature of INFORMANT and (Address) J. Duncan Killbuck, Ohio18. BURIAL, CREMATION, OR REMOVAL Place Millersburg Date 4 20 194219. FUNERAL FIRM W. B. G. & Sons19a. BURIED BY W. B. G. & Sons Lic. No. 617Address Millersburg19b. EMBALMER W. B. G. & Sons Lic. No. 233920. FILED 9/22/42 1942 J. Duncan Registrar.21. DATE OF DEATH (month, day, and year) Oct 17 194222. I HEREBY CERTIFY, That I attended deceased from Oct 10 1942 to Oct 17 1942I last saw him alive on Oct 17 1942, death is said to have occurred on the date stated above at 7 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Simple  
Heart Failure

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

Date \_\_\_\_\_ 19\_\_\_\_ Address \_\_\_\_\_

important. See instructions on back of certificate.

VS 11

Date: 9/22/2015 3:55:09 PM