

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

1 PLACE OF DEATH

County Highland Registration District No. 589 File No. 106
Township..... Primary Registration District No. 2624 Registered No.....
or Village Hillsboro No., St., Ward
or City of..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriett Amanda Helderbran

(a) Residence. No..... St., Ward.....
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Helderbran

6 DATE OF BIRTH (month, day, and year) July 10 1850

7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
72 4 28

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of Industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9 BIRTHPLACE (city or town).....
(State or country) Ohio

10 NAME OF FATHER Fletcher Talle

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Ann Davis

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country) Kentucky

14 Informant Walter Helderbran
(Address) Hillsboro Ohio

15 Filed 10-7, 1922 B. M. Griffith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 8 1922

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1922, to Nov 8, 1922 that I last saw him alive on Nov 8, 1922 and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?.....
Did an operation precede death? no Date of.....
Was there an autopsy? no
What test confirmed diagnosis?.....
(Signed) W. M. Hoyt, M. D.
10-9, 1922 (Address) Hillsboro Ohio

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hillsboro Cem

20 UNDERTAKER, License No. 2750A

D. M. Evans

DATE OF BURIAL

Nov 10 1922

ADDRESS
Hillsboro O.

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.