

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. 1300
Primary Reg. Dist. No. 1300

State File No.
Registrar's No. 206

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

a.
b.
c.
d.
e.
f.

DECEDENT-NAME: NELLIE M. HILDEBRANDT, SEX: FEMALE, DATE OF DEATH: MAY 2, 1987, RACE: WHITE, AGE: 102, DATE OF BIRTH: OCT. 21, 1884, COUNTY OF DEATH: CLERMONT, CITY: WILLIAMSBURG, STREET: 164 S. SECOND STREET, SOCIAL SECURITY NUMBER: 270-01-6008

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

11. NO, 12a. WIDOWED, 13a. HOMEMAKER, 13b. RESIDENCE-STATE: OHIO, COUNTY: CLERMONT, CITY: WILLIAMSBURG, STREET AND NUMBER: 164 S. SECOND ST, INSIDE CITY LIMITS: NO

PARENTS

FATHER-NAME: ABSOLAN MOORE, MOTHER-MAIDEN NAME: ELLA BONHAM

INFORMANT

INFORMANT-NAME: PHIL M. HILDEBRANDT, MAILING ADDRESS: 331 S. FOURTH ST., WILLIAMSBURG, OHIO 45176

CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: (a) RESPIRATORY FAILURE, (b) PROBABLE METASTATIC ADENOCARCINOMA OF BREAST, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: HOURS

OTHER SIGNIFICANT CONDITIONS

PART II. OTHER SIGNIFICANT CONDITIONS: CARCINOMA OF LEFT BREAST; CONGESTIVE HEART FAILURE, ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION

CERTIFIER

To be Completed by ATTENDING PHYSICIAN Only: 21a. Signature: Deborah A. Maham, M.D., Date Signed: 5/4/87, Hour of Death: 10:00 P.M.

DISPOSITION

To be Completed by CORONER Only: 22a. Signature: Deborah A. Maham, M.D., Date Signed: 5/4/87, Hour of Death: 10:00 P.M., 23. NAME AND ADDRESS OF CERTIFIER: DEBORAH A. MAHAM, M.D., 243 GAY STREET, WILLIAMSBURG, OH 45176

DATE REC'D BY LOCAL REG.

24a. BURIAL, 24b. 5/5/87, 24c. WILLIAMSBURG CEMETERY, 24d. WILLIAMSBURG, OHIO, 25. JAMES S. MAHAM, 26. MAHAM FUNERAL HOME, 187 N. SECOND STREET, WILLIAMSBURG, OH 45176

V.S. 31 5152.06 Rev. 1/78