

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Columbiana

Township of \_\_\_\_\_ Registration District No. 228 File No. 12762

Village of \_\_\_\_\_ Primary Registration District No. 7083 Registered No. 427

City of East Liverpool No. City Hospital Ward \_\_\_\_\_

(If death occurred in a hospital or institution give the NAME instead of street and number.)

FULL NAME George Carey

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED m.  
Single Widowed Or divorced  
(Write the word)

DATE OF BIRTH Dec 4, 1876  
(Month) (Day) (Year)

AGE 46 yrs. 0 mos. 13 ds. or 13 mos. 13 ds. or 13 mos. 13 ds.  
If LESS than day, yrs. or mo.

OCCUPATION Painter  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE (State or country) Pa.

10 NAME OF FATHER Daniel Carey

11 BIRTHPLACE OF FATHER (State or country) Pa.

12 MAIDEN NAME OF MOTHER Sarah Lamm

13 BIRTHPLACE OF MOTHER (State or country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elihu Carey

(Address) East Liverpool

16 Filed Dec 20, 1916. Alicia Davidson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1916, to 12-16, 1916, that I last saw him alive on 12-16, 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:

- 1. Mitral Regurgitation
- 2. Mitral Stenosis

(Duration) 3 yrs. 0 mos. 0 ds.

Contributory Chronic Arterio Sclerosis (Secondary)

(Duration) 7 yrs. 0 mos. 0 ds.

(Signed) H. Bailey, M. D. (Address) East Liverpool Ohio

\*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 yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted, If not at place of death?  
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Spring Grove DATE OF BURIAL Dec 20 1916

20 UNDERTAKER C. N. Miller ADDRESS East Liverpool