

No. ....  
File No. **40749**  
Registered No. **272**

1 PLACE OF DEATH  
County Brown Registration District No. 115  
Township Georgetown Primary Registration District No. 2112 St. .... Ward  
or Village Georgetown No. .... (If death occurred in a hospital or institution, give its name instead of street and number)  
or City of .....

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 John Lewis There Did Deceased Serve in U. S. Navy or Army .....

(a) Residence. No. Georgetown 2 St. .... Ward .....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White 5. SINGLE, MARRIED, Write the word  
or Widowed  
6. If Married, Widowed, or Divorced  
Name of Husband or (or) Wife of Frances There

6. DATE OF BIRTH (month, day, and year) July 23, 1891

7. AGE (years) Months Days If LESS than 1 day  
49 11 13 or ..... hrs. .... min.

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Shacket buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brown Co. Ohio

13. NAME Lewis Penn There

14. BIRTHPLACE (city or town) (State or country) Brown Co. Ohio

15. MAIDEN NAME Frances There

16. BIRTHPLACE (city or town) (State or country) Brown Co. Ohio

17. The Signature of Informant and (Address) Mrs. Catherine There Georgetown

18. BURIAL, CREMATION, OR REMOVAL Place Georgetown Date July 9, 1941

19. FUNERAL FIRM Georgetown

19a. BURIED BY Georgetown No. 1658  
Address Georgetown

19b. EMBALMER Georgetown License No. 25724

20. FILED Aug 5, 1941 Registrar W. A. Journal

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-6-1941

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1937 to 7-6-1941

I last saw deceased alive on 7-6-1941; death is said to have occurred on the date stated above at 10:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Cystitis Date of onset 5-6-34  
Angina 5-7-40

g & B

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 P. R. Shelton M. D.  
(Signed) P. R. Shelton

Date 7-7-1941 Address Georgetown

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.