

PLACE OF DEATH.

County of Scioto

Township of Bardonia Registration District No. 1162

Village of \_\_\_\_\_ Primary Registration District No. 5779

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Wininda Smith.

File No. 88520  
Registered No. 17

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

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W

DATE OF BIRTH July 5, 1842  
(Month) (Day) (Year)

AGE 70 years, 5 months, 26 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or Foreign Country) Ohio

OCCUPATION Housewife

NAME OF FATHER Olive Jones

BIRTHPLACE OF FATHER (State or Foreign Country) Ohio

MAIDEN NAME OF MOTHER Nancy Smith.

BIRTHPLACE OF MOTHER (State or Foreign Country) Ohio

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ballard Mustard  
(Address) Bardonia, O.

File Dec 31, 1912

Registrar J. W. Wilkoff

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31st, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 26<sup>th</sup> 1912 to Dec 28<sup>th</sup> 1912 that I last saw her alive on Dec 28<sup>th</sup> 1912

and that death occurred, on the date stated above, at 4 o'clock

30 M. The CAUSE OF DEATH was as follows:  
Apoplexy (Cerebral)

(Duration) 4 Days

Contributory Arterio-sclerosis

(Duration) \_\_\_\_\_ Days

(Signed) F. G. MacIntosh M. D.  
Dec 31<sup>st</sup> 1912 (Address) Bardonia, Ohio

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Days

Place of Death? \_\_\_\_\_

Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL or REMOVAL Jones Cemetery DATE OF BURIAL Jan 1, 1913

UNDERTAKER Wilba Freeman ADDRESS Piketon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.