BUREAU OF THE CENSUS	STATE OF OHIO Social Commis
	DEDA DESCENTE OF LIFATENT
1 PLACE OF DEATH	CERTIFICATE OF DEATH
County Frankley	Registration District No. 392 File No. 53155
Township	Primary Registration District No. 2/8/7 Registered No. 323/
or Village No	
Longth of residence in city or town where death occurredyrs	mosds. How long In U. S., If of foreign birth?yrsmosds.
2 FULL NAME Mrs. Laretta Roberts Did Deceased Serve in U. S. Navy or Army YIC	
(a) Residence. No. (070 /7 (Usual place of	abode) St., Ward (If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR 5. SINGLE, MARRIED W	
temale white Divorced mars	
Sæ. If Married, Widowed, or Divorced Husband of	+ Voul 19 , to , 19
Los Mara F. 1000	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) Dec 3/ 7. AGE (years) Months Days If LESS than 1 day	to have occurred on ti. date stated above at
43 8 3 ° min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
8. Trade, profession, or particular kind of work done, as spinner,	angina pectores
sawyer, bookkeeper, etc	
9. Industry or business in which work was done, as silk mill,	Les QUE
saw mill, bank, etc	De (Years)
this occupation (month and spent in occupation	CONTRIBUTORY CAUSES of importance not related
12. BIRTHPLACE (city or town) Stories	to principal cause:
# 12 MART AS	
13. NAME James Hanne	4
13. NAME James) Hunne  14. BIRTHPLACE (city or town) Filadel  (State or country)	What test confirmed diagnosis? Date of What there an autopsy?
15. MAIDEN NAME MOLA Force	23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME YOUR TOURS	lowing: Accident, suicide, or homicide?
The Signature of	Where did injury occur? (Specify city or town, county, and State)
and (Address) 670 KERP BT	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
19. FUNERAL FIRM DREAD Tubul	Server Nature of injury
Address 26 1 0 10 0 ad 8	10. 1447 24. Was disease or injury in any way related to occupation of deceased?
196. EMBALMER JEOUGL Shurp Lic. N	Soft 217A If so, specify
20. FILED 9-6, 19 12 9 Nerting mu	Registrar. Date 9/4 194 V Address 769 Sarstrus (a)
	Address ( ) Address ( ) Address ( )



Thank you for your death certificate request and for your check/ money order # \_\_\_\_\_\_ for \$ \_\_\_\_\_\_ to cover the cost of providing and mailing copies. The certificate(s) you requested is (are) enclosed. These copies represent the closest possible match given the information provided. If this is not the certificate that you wanted, you may wish to view the searchable database of the Ohio Death Certificate Index at http://www.ohiohistory.org/dindex/. This covers the period 1913-1937. If you wish to have the indexes from 1908-1912, and 1938-1953 searched or if you want Ohio Historical Society staff to search the Index for you to find a particular certificate, you may submit this request in writing and pay the Research Fee of \$25.00 per name searched in specified indexes. We are unable to find a match in the specified index, given the information you have provided. Your fee covered the cost of this search. If you are visiting Columbus, please come for a visit. The library is open Wednesdays and Saturdays from 9:00 AM to 5:00 PM and on Thursdays from 1:00 to 9:00 PM. The records that may assist you in your research are available on our website www.ohiohistory.org. Our staff is willing to assist you by phone (614) 297-2510 or by e-mail at Our staff is willing to assist you by priorie (or ,) ohsref@ohiohistory.org. Sincerely, Research Services

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