

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Erie

Township of Vermilion Registration District No. 351 File No. 65333

Village of Vermilion Primary Registration District No. 2360 Registered No. 28

City of _____ (No. _____ St. _____ Ward _____) (If death occurred in a Hospital or institution, give it; NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME Barbara E. Naegle NOV 1916

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White

DATE OF BIRTH June 6 1890
(Month) (Day) (Year)

AGE 66 years, 9 months, 24 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or Foreign Country) Germany

OCCUPATION Retired

NAME OF FATHER Jacob H. Naegle

BIRTHPLACE OF FATHER (State or Foreign Country) Germany

MAIDEN NAME OF MOTHER Mat. H. Naegle

BIRTHPLACE OF MOTHER (State or Foreign Country) Germany

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

(Informant) Leo M. Naegle

(Address) Vermilion

Dated Nov. 20 1916

Lewis Blatter
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 29 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 16 1916 to Oct 29 1916

that I last saw her alive on Oct 28 1916

and that death occurred, on the date stated above, at 5

P. M. The CAUSE OF DEATH was as follows:
Carcinoma of Stomach

(Duration) 2 years

Contributory Injury of Stomach

(Duration) 2 years
(Signed) Elihu Culbertson M. D.

Oct 20 1916 (Address) Vermilion

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

Former or Usual Residence _____ How long at _____ Place of Death? _____ Days

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

PLACE OF BURIAL or REMOVAL Maple Grove DATE OF BURIAL Nov 1 1916

UNDERTAKER A. E. Preschel ADDRESS Vermilion

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.