

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be especially supplied. NAME 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.

PLACE OF DEATH

County Cedar
Township Lucia
or
Village
or
City

Registration District No. 165
Primary Registration District No. 5231

File No. 38641

Registered No. 61

FULL NAME Mary J. Horton

[If death occurred in a hospital or institution, give the NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIED Married
(If single, write the word)
DATE OF BIRTH August 6, 1885
(Month) (Day) (Year)
AGE 37 yrs. 3 mos. 29 ds.
If less than 1 day, hrs. or min.?

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

BIRTHPLACE
(City or town, State or foreign country) Indiana

PARENTS
NAME OF FATHER Samuel Lee
BIRTHPLACE OF FATHER Maryland
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER C. Bryan
BIRTHPLACE OF MOTHER Indiana
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. W. Dunning

(ADDRESS) Stockport, Pa.

Filed Dec 18, 1912 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1912, to Dec 5, 1912, that I last saw him alive on Dec 5, 1912, and that death occurred, on the date stated above, at home.

The CAUSE OF DEATH* was as follows:
Pneumonia
108
(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) A. Higgins M. D.
Dec 1, 1912 (Address) Stockport, Pa.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Liberty Cemetery Dec 18, 1912

UNDERTAKER ADDRESS

J. R. Young Stockport, Pa.