

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of MiamiTownship of..... Registration District No. 868 File No. 65222Village of..... Primary Registration District No. 8380 Registered No. 36City of Troy (No..... St.,..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)FULL NAME Mrs. Chas. Essex NOV 1916

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OF RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married.
(Write the word)6 DATE OF BIRTH Mar 31, 1969
(Month) (Day) (Year)7 AGE 46 yrs. 11 mos. 11 ds. If LESS than 1 day,.....hrs. or.....min.8 OCCUPATION
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE Ind.
(State or country)10 NAME OF FATHER Richard Freeman11 BIRTHPLACE OF FATHER Ind.
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER Unknown
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Freeman Essex(Address) Troy O.15 Filed Mar 25 1916 Paul Perry Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH March 22, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar., 1916, to March 22, 1916, that I last saw h.er alive on March 21, 1916, and that death occurred, on the date stated above, at 2.9 m.The CAUSE OF DEATH* was as follows:
Myocardial infarction of coronary arteryContributory Change of life
(SECONDARY)(Duration)..... yrs. mos. ds.
(Signed) J. H. East, M. D.
March 22 1916 (Address) Troy O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 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.....19 PLACE OF BURIAL OR REMOVAL Richmond Ind. DATE OF BURIAL Mar 25, 191620 UNDERTAKER Thomson Son ADDRESS Troy O.