

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Tuscarawas Registration District No. 1266 File No. 13851
Township Dennison Primary Registration District No. 3343 Registered No. 9
or Village Dennison No. 128 McCrear Ave St., _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Thritenia Paige Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St., _____ Ward. Bowerston (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of George Paige (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan. 20th 1851

7. AGE Years 85 Months 0 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Harrison Co., O. (State or country) _____

13. NAME Isaac Warner

14. BIRTHPLACE (city or town) Ohio (State or country) _____

15. MAIDEN NAME Christenia Weyandt

16. BIRTHPLACE (city or town) Ohio (State or country) _____

17. INFORMANT The Signature of Mary Boyd and (Address) Dennison Ohio

18. BURIAL, CREMATION, OR REMOVAL Burial Place Tunnel Hill Date Feb. 7th 1936

19. FUNERAL DIRECTOR W. M. Boon Lic. No. 348 (Address) Bowerston Ohio

19a. Was body embalmed? Yes Embalmer's Lic. No. 1071B

20. FILED 2-5- 36 Dennie Dwyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1935 to Feb 5 1936
I last saw her alive on Feb 4 1936 death is said to have occurred on the date stated above at 7-15-36

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Shock - from a fall
myocardial failure Feb 4, 1936

CONTRIBUTORY CAUSES of importance not related to principal cause:

red aqs

Name of operation _____ Date of _____
What test confirmed diagnosis? clotted Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell in floor in home
Nature of injury rupt. of hip (not fractured)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) T. E. Wolf M. D.

Date 7-5-1936 Address Dennison Ohio