CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Tuscarawas — Registration District No. 1466 — File No. 39768
Township Mill — Primary Registration District No. 334 — Registered No. 47
or Village Dennison — No. ____ 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. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2 FULL NAME Emma Elizabeth Paige — Did Deceased Serve in U. S. Navy or Army ____

(a) Residence. No. 128 W. Erie St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) 1/27/1879

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper*, etc. ____
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) Moorefield Twp. (State or country) Harrison Co. Ohio.

MOTHER FATHER

13. NAME George N. Paige
14. BIRTHPLACE (city or town) Boston (State or country) Mass.
15. MAIDEN NAME Christina Warner
16. BIRTHPLACE (city or town) Harrison Co. (State or country) Ohio

17. The Signature of INFORMANT and (Address) Mrs. Mary L. Boyd Rural

18. BURIAL, CREMATION, OR REMOVAL Place Tunnel Hill Date June 25 1941

19. FUNERAL DIRECTOR (Address) D. W. Bolt Lic. No. 348

19a. Was body embalmed? Yes Embalmer's Lic. No. 4766A

20. FILED 6/25 1941 Bennie Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23. 1941

22. I HEREBY CERTIFY, That I attended deceased from October 12. 1940 to June 23. 1941.
I last saw her alive on June 23. 1941. death is said to have occurred on the date stated above at 3:00 P. m.

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

	Date of onset
Carcinoma of the uterus	Unknown
Generalized Carcinomatosis	Jan. 1941

CONTRIBUTORY CAUSES of importance not related to principal cause:
None

Name of operation None Date of
What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

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 ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) Elizabeth Forland-Aplin M. D.
Date 6/23 1941 Address Gnadenhutten, O.

OCCUPATION is very important. See instructions on back of certificate.