Form V. S. No. 11—500M-3-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Harrison

Township of Monroe — Registration District No. 555 — File No.

or

Village of — Primary Registration District No. 4816 — Registered No. 50268

or

City of (No. St., Ward) (If death occured in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special information.")

FULL NAME Geo H Paige

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR OR RACE White

DATE OF BIRTH July (Month) 7 (Day) 1834 (Year)

AGE 80 years, 2 months, 14 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or Foreign Country) Boston Mass

OCCUPATION Farmer (64)

NAME OF FATHER John Paige

BIRTHPLACE OF FATHER (State or Foreign Country) Do not Know

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or Foreign Country) " " "

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

(Informant) Mrs. Geo. Paige

(Address) Bowerston O

Filed Sept 22 1914 C A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 (Month) — 21 (Day) — 1914 (Year)

I HEREBY CERTIFY, That I attended deceased from 9—19— 1914 to 9—19— 1914

that I last saw him alive on 9—19— 1914

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) 3 Days

Contributory

(Duration) Days

(Signed) S. M. Mehaffey M. D.

9/22 1914 (Address) Bowerston Co

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 Tunnel Hill — DATE OF BURIAL Sept 23 1914

UNDERTAKER Boor Bros — ADDRESS Bowerston, O.

CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. Age 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. Also special information away from home should be given in every instance.