

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

## 1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 8349 Registered No. 1803  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Toledo (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Anna Gillen

Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. 347 W Delaware av St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (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) married

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

6 DATE OF BIRTH (month, day, and year) Jan 24 1855

7 AGE Years Months Days IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 4 12

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9 BIRTHPLACE (city or town)

(State or country) Sherman Ohio10 NAME OF FATHER Peter F Miller11 BIRTHPLACE OF FATHER (city or town)  
(State or country) Germany12 MAIDEN NAME OF MOTHER Marie Sweitzer13 BIRTHPLACE OF MOTHER (city or town)  
(State or country) Germany14 Informant Martha Yenor(Address) 4123 Caroline av15 Filed 6 8 25 19 Sam F Smith

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6 6 25 1917 I HEREBY CERTIFY, That I attended deceased from  
Oct 1924, 19\_\_\_\_, to 6 6 25, 19\_\_\_\_,that I last saw him or alive on 6 5 25, 19\_\_\_\_,and that death occurred, on the date stated above, at 3 05a m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of bladder

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY  
(SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? yes

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Edwin B Barlow, M. D.6 6 25, 19\_\_\_\_ (Address) 320 Ontario st

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR DATE OF BURIAL  
REMOVALCaragher Ohio 6 9 25 19

20 UNDERTAKER, License No.

ADDRESS

Bert Leon Toledo Ohio