

PLACE OF DEATH.

County of PutnamTownship of Wootery Registration District No. 1093 File No. 10319Village of Primary Registration District No. 5677 Registered No. 5

City of (No.) St. Ward) (If death occurred 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 Peter Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE WhiteDATE OF BIRTH January 15 1869
(Month) (Day) (Year)AGE 45 years, 1 months, 13 days.SINGLE, MARRIED, WIDOWED, OR DIVORCED SingleBIRTHPLACE (State or Foreign Country) IllinoisOCCUPATION FarmerNAME OF FATHER Adrian LewisBIRTHPLACE OF FATHER (State or Foreign Country) GermanyMAIDEN NAME OF MOTHER Katharine WildBIRTHPLACE OF MOTHER (State or Foreign Country) Germany

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

(Informant) Katharine Lewis
(Address) Ottawa OFiled Mar 10 1917
Frank Horner
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 27 1917
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Oct 6 1916 to Feb 27 1917
that I last saw him alive on Feb 27 1917
and that death occurred, on the date stated above, at 72M. The CAUSE OF DEATH was as follows:
Hypertrophic Cirrhosis
of Liver
(Duration) DaysContributory
(Signed) J. F. Osbely M. D.
2/27/17 (Address) Ottawa OSPECIAL 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 Ottawa O DATE OF BURIAL March 3 1917
UNDERTAKER The Krause Ottoville O ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.