

1 BECAUSE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County WindsorRegistered No. 24Vol. No. 15Registration District No. 712 51094Inc. Town BeverlyPrimary Registration District No. 68414

City

(No.

St.

Ward)

2 FULL NAME Ma Nanny

(If death occurred in a hospital or institution, give its NAME, address of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Feb 10 1894
(Month) (Day) (Year)7 AGE 21 yrs. 5 mos. 18 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Roll T. Cusber11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Kate Roel13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roll T. Cusber
(Address) BeverlyFiled Aug 7 1924 J A Warren
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended Deceased
Jan 2 1924 to July 24 1924
that I last saw her alive on July 24 1924and that death occurred on the date stated above at 116 M.
The CAUSE OF DEATH* was as follows:Tuberculosis of Lung
(Duration) 2 yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Signed) _____ (Address) _____, M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ in the
of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. ____ ds.
Where was disease contracted,if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Windsor, N. Y. DATE OF BURIAL 7/29/2420 UNDERTAKER J. H. Warren ADDRESS Beverly

WRITER PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be exact statement of OCCUPATION is cause of DEATH in plain terms so that it may be properly classified. See instructions on back of certificate.

RECEIVED UNITED STATES BUREAU OF VITAL STATISTICS

MAKER REPRODUCED FOR REPRODUCERS