

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Leighland  
Township of Huron  
or  
Village of  
or  
City of

Registration District No. 4867 File No. 13197  
Primary Registration District No. Registered No.  
St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Ellen Williams

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH Oct 28, 1829  
(Month) (Day) (Year)

7 AGE 90 yrs. 3 mos. 4 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Domestic  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Eli Bohie

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louie Leaverton  
(Address) Leesburg W.

15 File Feb 2, 1920 Bra Leaverton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 1, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to Dec 2, 1919, that I last saw her alive on Dec 2, 1919, and that death occurred, on the date stated above, at 6 a.m.  
The CAUSE OF DEATH\* was as follows:

Arterio Sclerosis  
Contributory factor  
(Duration) 2 yrs. 11 mos. 1 ds.

Contributory yes  
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) H. W. Glenn, M. D.  
Feb 2, 1920 (Address) Hillsboro W.

\*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 of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, If not at place of death?  
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Parvies Home Leesburg W. Feb 3, 1920

20 UNDERTAKER ADDRESS