

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 99

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

MARGIN RESERVE FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. 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. See instructions on back of certificate.

1 PLACE OF DEATH
County Sumner
Hundred Lewis & Perisboth
or Village Lewis
or City No. St. Ward.

2 FULL NAME Hannah C. Long

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH March 21 1875
(Month) (Day) (Year)

7 AGE 53 yrs. mos. ds. If less than 1 day, hrs. or min.

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

9 BIRTHPLACE (State or country) Delaware

10 NAME OF FATHER Henry T. Conwell

11 BIRTHPLACE OF FATHER (State or country) Delaware

12 MAIDEN NAME OF MOTHER Abigail Hannah

13 BIRTHPLACE OF MOTHER (State or country) Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Long
(Address) Lewis Del

15 Filed, _____, 19____
LOCAL SUB-REGISTRAR

Filed, July 22, 1928
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 19, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) 19June 19, 1928 to (Month) (Day) (Year)

that I last saw her alive on June 19, 1928, and that death occurred, on the date stated above, at 8:30 A. M. P. M.

The CAUSE OF DEATH * was as follows:
Para-typhoid
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Secondary (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) James Beebe M. D.
June 20, 1928 (Address) Lewis Del

* 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 Ch. E. Conwell's Tomb DATE OF BURIAL June 22, 1928

20 UNDERTAKER Wm. B. Atkins ADDRESS Lewis Del