

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.

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

1 PLACE OF DEATH

County **MONTGOMERY**

Registration District No. **904**

File No. **538**

Township

Primary Registration District No. **8390**

Registered No.

or Village

No.

St.

Ward

or City of

Dayton, O.

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

Did Deceased Serve in
U. S. Navy or Army

2 FULL NAME

Yee May Jackson

(a) Residence. No.

404 W. 3rd

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed or Divorced (write the word)

16 DATE OF DEATH (month, day and year) **3-17 1926**

17

I HEREBY CERTIFY, That I attended deceased from

3-14 1926 to **3-17 1926**

that I last saw her alive on **3-17 1926**

and that death occurred, on the date stated above, at **1091 m.**

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus
Congenital

(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? **No**

What test confirmed diagnosis?

(Signed) **A. A. Smith** M. D.

3-18 1926 (Address) **Dayton, O.**

*State the DISEASE CAUSING DEATH, or in death 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 REMOVAL

DATE OF BURIAL

Woodland Cem.

3-18 1926

20 UNDERTAKER, License No.

ADDRESS

Robert Riesinger Dayton, O.

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed or Divorced (write the word)

Single

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

2-27-1926

7 AGE

Years

Months

Days

If LESS than

1 day ____ hrs.

or ____ min.

18

8 OCCUPATION OF DECEASED

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

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

(c) Name of employer

9 BIRTHPLACE (city or town)

Dayton

(State or country)

Ohio

10 NAME OF FATHER

Yee Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Cal.

12 MAIDEN NAME OF MOTHER

Moytle Robison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Mich.

14 Informant

Yee Jackson

(Address)

Dayton, O.

15 **MAR 18 1926**

CC Brainerd