

Martin, Laura Margaret Collins 1882 - 1944

| OHIO DEPARTMENT OF HEALTH | | COLUMBUS | |
|---|---|---|---------------------------|
| CERTIFICATE OF DEATH | | Bureau of the Census | |
| Reg. Dist. No. <u>490</u> | Primary Reg. Dist. No. <u>8231</u> | State File No. <u>12773</u> | Registrar's No. <u>76</u> |
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE OF DECEASED: | |
| (a) County <u>Namilton</u> | (a) State <u>Ohio</u> | (b) County <u>Hamilton</u> | |
| (b) <u>Cheriot</u> <small>(City, Village, Township)</small> | (c) City or village <u>Cheriot</u> <small>(If outside city or village, write RURAL)</small> | | |
| (c) Name of hospital or institution: <u>3257 Dickerson av.</u> <small>(If not in hospital or institution, write street No. or location)</small> | (d) Street No. <u>3257 Dickerson av.</u> <small>(If rural, give location)</small> | | |
| (d) Length of stay: In hospital or institution In this community <u>one week</u> <small>(Years, months or days)</small> | (e) If foreign born, how long in U. S. A.? _____ years. | | |
| 3. DECEASED: | | MEDICAL CERTIFICATION | |
| (a) Name <u>Laura Margaret Martin</u> | (b) Social Security No. _____ | 20. Date of death: Month <u>May</u> day <u>18</u> year <u>1944</u> hour <u>6</u> P.M. minute _____ | |
| (a) If veteran, name war _____ | (b) Social Security No. _____ | 21. I hereby certify that I attended the deceased from <u>1942</u> to <u>3-18</u> , 19 <u>44</u> : that I last saw <u>h</u> alive on <u>3-18-44</u> , 19 <u>44</u> : and that death occurred on the date and hour stated above. <small>Duration</small> | |
| 4. Sex <u>F</u> | 5. Color of <u>White</u> | Immediate cause of death <u>Cancer of liver</u> <u>with metastasis to</u> <u>liver</u> <small>1942</small> | |
| 6. (a) Single, widowed, married, divorced <u>Widow</u> | 6. (c) Age of husband or wife if alive _____ years | Due to <u>liver</u> | |
| 7. Birth date of deceased <u>April 7-1883</u> <small>(Month) (Day) (Year)</small> | 8. AGE: Years <u>61</u> Months _____ Days _____ If less than one day hr. _____ min. _____ | Due to _____ | |
| 9. Birthplace <u>Cheriot Co Ohio</u> <small>(City, town, or county) (State or foreign country)</small> | 10. Usual occupation <u>Home duties</u> | Other conditions (Include pregnancy within 3 months of death) _____ | |
| 11. Industry or business _____ | 12. Name <u>Charles Collins</u> | Major findings of operation _____ | |
| 13. Birthplace <u>Ohio</u> <small>(City, town, or county) (State or foreign country)</small> | 14. Maiden name <u>Chesley</u> | Major findings of autopsy <u>None</u> | |
| 15. Birthplace <u>Ohio</u> <small>(City, town, or county) (State or foreign country)</small> | 16. (a) Informant's signature <u>Jaene Eich</u> (b) Address <u>Dayton, Ky</u> | 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) <u>No</u> | |
| 17. (a) Burial, cremation, or other; (b) Date <u>May 21-1944</u> <u>Cheriot Cemetery</u> | (c) Where did injury occur? (City or Village) (County) (State) _____ | (b) Date of occurrence _____ | |
| (d) <u>Geo. Stetter</u> <u>808</u> <small>(Name of Embalmer) (Lic. No.)</small> | (d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>No</u> <small>(Specify type of place)</small> | (c) Where did injury occur? _____ | |
| 18. (a) <u>Geo. Stetter</u> <u>808</u> <small>(Signature of Funeral Director) (Lic. No.)</small> | While at work? <u>No</u> (e) How did injury occur? _____ | (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ | |
| (b) Address <u>385 E 3rd Newport Ky</u> | 23. Signature <u>Leisot A. Heringer</u> <small>(Specify if Doctor of Medicine or Osteopathy)</small> | (e) How did injury occur? _____ | |
| 19. (a) <u>March 23, 1944</u> <small>(Date received by registrar)</small> | (b) <u>Lametta A. Baebel</u> <small>(Registrar's signature)</small> | Address <u>3180 Larman</u> Date signed <u>3/21/44</u> | |