

Form V.S. No. 11-162M-9-3-08.

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County of Wayne

Township of Woolstar Registration District No. 612 File No. 22496

Village of Woolstar Primary Registration District No. 50075067 Registered No. 57

City of Woolstar (No.          St.          Ward         ) (If death occurred in a hospital or institution, give its NAME, location of street and number.)

(If death occurs away from usual residence give facts called for under "Special Information.") FULL NAME Anni C. Tanner

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	DATE OF DEATH <u>April 30 1909</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Mar. 10 1834</u> (Month) (Day) (Year)		I HEREBY CERTIFY That I attended deceased from <u>Apr. 26 1909</u> to <u>10</u>	
AGE <u>75</u> years, <u>1</u> months, <u>        </u> days.		that I last saw her alive on <u>Apr. 26 1909</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>		and that death occurred, on the date stated above, at <u>11:30</u>	
BIRTHPLACE (State or Foreign Country) <u>Ireland</u>		C. M. The CAUSE OF DEATH was as follows: <u>Heart Disease - Mitral in-</u>	
OCCUPATION <u>House Wife</u>		<u>efficiency</u>	
NAME OF FATHER <u>James Reynolds</u>		(Duration) <u>Only Two Days</u>	
BIRTHPLACE OF FATHER (State or Foreign Country) <u>Ireland</u>		Contributory <u>Constitution of Lung</u>	
MAIDEN NAME OF MOTHER <u>May B. Reynolds</u>		(Duration) <u>4 days</u>	
BIRTHPLACE OF MOTHER (State or Foreign Country) <u>Ireland</u>		(Signed) <u>Geo M. Gall</u> M. D.	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>Mr. Anne Tanner</u>		<u>Apr. 26 1909</u> (Address) <u>North, O.</u>	
(Address) <u>Woolstar O</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence <u>        </u> How long at <u>        </u> Place of Death? <u>        </u> Days	
File <u>May 3, 1909</u>		Where was disease contracted, if not at place of death? <u>        </u>	
<u>Carroll Van Nest</u> Registrar		PLACE OF BURIAL or REMOVAL <u>Woolstar Cemetery</u> DATE OF BURIAL <u>May 3 1909</u>	
		UNDERTAKER <u>Schmuck &amp; Bevington</u> ADDRESS <u>Woolstar, O.</u>	

WHITE PLAINLY

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in as many words as possible, and give the name of the disease, and the name of the hospital or institution where the deceased died, if from home should be given in every instance.