

County of

Gaut

Township of

Summit

Village of

Summit

City of

(No. \_\_\_\_\_)

## CERTIFICATE OF DEATH.

Registered No. \_\_\_\_\_

If death occurs away from  
USUAL RESIDENCE  
give facts called for under  
"Special Information."

FULL NAME

Mary Ann Conway

If death occurred in  
a Hospital or Institution,  
give its NAME, location or  
street and number.

PERSONAL AND STATISTICAL PARTICULARS			
SEX	Female		
COLOR	White		
DATE OF BIRTH	5	30	1847
	(Month)	(Day)	(Year)
AGE	62	7	0
	years,	months,	days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married		
NAME OF HUSBAND OR WIFE	John Conway		
BIRTHPLACE OF DECEASED (State or country)	Kentucky		
NAME OF FATHER	John D. Kepton		
BIRTHPLACE OF FATHER (State or country)	Kentucky		
MAIDEN NAME OF MOTHER	Elizabeth Price		
BIRTHPLACE OF MOTHER (State or country)	Kentucky		
OCCUPATION OF DECEASED	Housewife		

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF  
MY KNOWLEDGE AND BELIEF

(Informant)

John Conway  
Summit, Ind.

(Address)

BURIAL PERMIT

ISSUED BY  
T. M. Harner M.D. Summit, Ind.

Name and Address of Health Officer or Deputy

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

12 30 1909

I HEREBY CERTIFY, That I attended deceased from

Jan. 3rd 1909 to Dec. 23rd 1909

that I last saw her live on Dec 23rd 1909

and that death occurred, on the date stated above, at

4 A. M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Complications Rheumatism 1905  
Sclerosis 2 yrs  
(Signed) T. M. Harner  
Dec 1909 (Address) Summit, Ind.

## SPECIAL INFORMATION may be Hospital, Institution and Parsonage.

Place of  
Usual Residence

Place of  
Death

Where are records kept?  
(If not at place of death)

Place of Birth of Deceased

Signature

Address

See this  
Form, 1908