

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

1 PLACE OF DEATH

County Wahoning

Registration District No. 798

File No. 37758

Township

Primary Registration District No. 8359

Registered No. 956

or Village

No. _____

St. _____

Ward _____

or City of Greensburg

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

2 FULL NAME Bessie Hausburg Heslov

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. 52 - Houston St., 2 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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

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

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Morris Heslov

6 DATE OF BIRTH (month, day, and year) Nov 15 - 1891

7 AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

38

6

29

8 OCCUPATION OF DECEASED

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

Hausburg 50

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

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Russia

10 NAME OF FATHER Israel Hausburg

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Russia

12 MAIDEN NAME OF MOTHER Sarah Sklovsky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Russia

14

Informant Mr Mendel Smith

(Address) Smithers

15

Filed JUN 16 1930

G. C. Dunbar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 14 1930

17

I HEREBY CERTIFY That I attended deceased from

Dec 29, 1929, to June 14, 1930

that I last saw her alive on June 13, 1930

and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

Primary in the Breast

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of June 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. ... M. D.

June 16, 1930 (Address) 400

*State the DISEASE CAUSING DEATH, or in deaths 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

Children of Israel Cem June 15-1930

20 UNDERTAKER

Fred King

ADDRESS

20a WAS THE BODY
EMBALMED?

No.

EMBALMER'S
LICENSE NO.

THIS IS A PERMANENT RECORD. 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.

ink 137 Locust