

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .	April 18 <sup>th</sup>
2. Name, . . . . .	Isaac Thrasher
(Maiden Name),* . . . . .	
(Name of Husband),* . . . . .	
3. Sex, and whether single, . . . . .	Male
Married, or Widowed, . . . . .	Married
4. Color, † . . . . .	
5. Age, . . . . .	73 Years, Months, Days.
(Disease or Cause of Death, . . . . .	Old Age.
(Primary and Secondary), ‡ . . . . .	
6. Duration of Sickness, . . . . .	Eight Months
(By whom certified, . . . . .	V. L. Liss
7. Residence, . . . . .	South Worthington
8. Occupation, . . . . .	Farmer.
9. Place of Death, . . . . .	South Worthington
10. Place of Birth, . . . . .	Cheshirefield
11. Name of Father, . . . . .	Esra Thrasher
12. Name of Mother, . . . . .	Lidia Cole
(Maiden Name), . . . . .	
13. Birthplace of Father, . . . . .	Cheshirefield
14. Birthplace of Mother, . . . . .	Worthington.
15. Place of Interment, . . . . .	Ringville
Signature of Undertaker or other person making the Return, . . . . .	

DATED at \_\_\_\_\_, on \_\_\_\_\_ 18 .

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Isaac Thrasher Age, 74  
 Date and Place of Death, - died at South Worthington April 18<sup>th</sup> 1892  
 Disease or Cause of Death, - of Mucositis Duration of Sickness One Year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, L. D. Gibbs, M. D., Worthington Mass  
 Date of Certificate, April 20<sup>th</sup> 1892