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R. D. Nashold

R. D. Nashold, Ph. D.  
State Registrar

Date: March 19, 1919

PLACE OF DEATH

County of Wood

Township of Port Edwards

Village of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

City of \_\_\_\_\_

STATE OF WISCONSIN  
Department of Health—Bureau of Vital Statistics

MAY 9 1919

ORIGINAL CERTIFICATE OF DEATH

Registered No. 1

[If death occurred in a hospital or institution give its NAME instead of street and number.]

Full Name of Deceased Helen M. Forbes  
(If an infant not named give family name)

PERSONAL AND STATISTICAL PARTICULARS.	
Sex <u>Female</u>	Color <u>White</u>
Date of Birth _____ 190____ (Month) (Day) (Year)	
Age <u>76</u> years, <u>8</u> months, <u>27</u> days	
Single, Married, Widowed, or Divorced <u>Married</u>	
Birthplace (State or Country) <u>Anglicis, Allegheny Co., Pa.</u>	
Name of Father <u>E. J. Shaw</u>	
Birthplace of Father (State or Country) _____	
Maiden Name of Mother <u>Fredora Harris</u>	
Birthplace of Mother (State or Country) <u>Pennsylvania</u>	
Occupation _____	

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

(Informant) Jenny E. Forbes  
(Address) Nebraska, Neb.

Filed 4/29/19 190\_\_\_\_  
Chas. Brown  
Local Registrar

MEDICAL CERTIFICATE OF DEATH	
Date of Death <u>4</u> <u>28</u> 190 <u>3</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, That I attended deceased from <u>Apr 7<sup>th</sup></u> 190 <u>3</u> to <u>Apr 28</u> 190 <u>3</u>	
that I last saw h. <u>alive</u> on <u>Apr 26</u> 190 <u>3</u>	
and that death occurred, on the date stated above, at <u>3</u> A.M.	
The CAUSE OF DEATH was as follows: <u>senile debility</u>	
(DURATION) _____ DAYS	
Contributory <u>ascites</u>	
(DURATION) <u>14</u> DAYS	
(Signed) <u>R. H. Walter</u> M. D.	
<u>4-29-1903</u> (Address) <u>Nebraska</u>	

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Nebraska, Neb.</u>	DATE OF BURIAL <u>Apr 30</u> 19 <u>13</u>
UNDERTAKER <u>J. H. Voss</u>	ADDRESS <u>Nebraska, Neb.</u>