

1. PLACE OF DEATH		Registration	
County of <u>Jerry</u>		Dist. No. <u>756</u>	
Village <u>Cutler</u> *Township <u>5326</u>		Primary *City *Road Dist. Dist. No.	
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).			
Street and Number, No.		St.; Ward, (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
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.	
2. FULL NAME <u>Edna A. Smith</u>			
(a) Residence: No.		St.; Ward. (If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
6a. If married, widowed, or divorced HUSBAND (or) WIFE of <u>Ammon Smith</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug 26 - 1885</u>			
7. AGE	Years <u>47</u>	Months <u>3</u>	Days <u>24</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>1-2-20</u>		
11. Total time (years) spent in this occupation <u>16</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Cardale, Pa.</u>			
MOTHER FATHER	13. NAME <u>Saul H. K.</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Washington, Pa.</u>		
	15. MAIDEN NAME <u>Clara M. K.</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Cutler, Ill.</u>		
17. INFORMANT <u>C. L. Smith</u> (personal signature with pen and ink)			
P. O. Address <u>Cutler, Ill.</u>			
18. PLACE OF BURIAL, Cremation or Removal		19. DATE	
Cemetery <u>Cutler</u>		<u>12/22</u> , 19 <u>22</u>	
Location <u>Cutler</u>			
County <u>Pa.</u> State <u>Ill.</u>			
20. UNDERTAKER <u>C. L. Smith</u>		ADDRESS <u>Cutler</u>	
(personal signature with pen and ink)		(firm name, if any)	

STATE OF ILLINOIS ORIGINAL
Department of Public Health—Division of Vital Statistics

CORONER'S CERTIFICATE OF DEATH

Registered No. 12
(Consecutive No.)

CORONER'S CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 20, 1922
(Month) (Day) (Year)

22. I HEREBY CERTIFY, that I took charge of the remains of the deceased herein described, had an Inquest thereon and from the evidence obtained find that said deceased came to death on the date stated above and that Dis- (His or Her) ease or Injury causing Death was: Strangulation by Cord about her neck suspended from rafters in Attic

Date of Onset or Occurrence:

Manner of Injury was:

Accidental, suicidal or Homicidal? suicidal

Was injury in any way related to occupation of deceased? no

If so, specify: No

23. INJURY rec'd in Cutler, Ill. *Village *Township
*(Cancel the three terms not applicable.) *City *Road Dist.
Specify whether injury occurred in industry, in home, or in public place: Home

24. (Signed) J. J. Schuler Coroner

By Sam Brown Deputy Coroner

Address 12/20

Date 12/20, 1922 Telephone 1148

25. Filed Dec 21st, 1922 W. B. Rosendahl
Registrar.

P. O. Address Cutler Ill.

SEP 17 2008