WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

FORM V. S. No. 5.

PLACE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH.

County of Union

Township of

or

Borough of Mifflinburg

or

City of (No. , St.; Ward)

Registration District No. 867

Primary Registration District No. 1493

File No. 4049

Registered No. 1

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

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

FULL NAME Katherine Long Zimmerman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April (Month) - 5 (Day) - 1830 (Year)

AGE 77 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

NAME OF FATHER John Long

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Anna Camp

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION Housekeeper

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

(Informant) Edith Gutelius

(Address) Mifflinburg, Pa.

Filed Jany 16 1908 John A Beard Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1908 to Jan 15th 1908 that I last saw her alive on Jan 15th 1908 and that death occurred, on the date stated above, at 2-30 P M. The CAUSE OF DEATH was as follows:

Uremia -

286 (Duration) 5 Days

Contributory

(Duration) Days

(Signed) J. C. Stearns M. D.

Jan 16th 1908 (Address) Mifflinburg Pa

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?

PLACE OF BURIAL OR REMOVAL Mifflinburg Pa. | DATE OF BURIAL Jan. 18 1908

UNDERTAKER M. Hartman | ADDRESS Mifflinburg Pa.