

STATE OF NEBRASKA

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DATE OF ISSUANCE

JUN 20 2012

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

PLACE OF DEATH *N-550*

Department of Commerce and Labor
 BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH
 State of Nebraska

June 19 1910

County

Township

Village

City **OMAHA**

Registered No. *5078*

(No. *629 N. 6 Blvd* St.; Ward)

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

FULL NAME *Neoman, Ella*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *F* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Ma*

16 DATE OF DEATH *June 17, 1910*
 (Month) (Day) (Year)

6 DATE OF BIRTH *Jan 1, 1910*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

7 AGE *80* yrs. *2* mos. *2* ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Progressive Spinal Muscular Atrophy

8 OCCUPATION (a) Trade, profession, or particular kind of work *None* (b) General nature of industry, business or establishment in which employed (or employer)

(Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) *Hungary*

Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER

(Signed) *R Gilmore*, M. D.

11 BIRTHPLACE OF FATHER (State or country) *Hungary*

(Address) _____, 191____

12 MAIDEN NAME OF MOTHER

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) *Hungary*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

(Informant)

19 PLACE OF BURIAL OR REMOVAL *Pleasant Hill* DATE OF BURIAL _____, 191____

(Address)

20 UNDERTAKER *Wodder* ADDRESS _____

15

Filed _____, 191____

REGISTRAR