

5/16/28

STATE OF COLORADO
Bureau of Vital Statistics
Certificate of Death

1 PLACE OF DEATH
 County Larimer
 Town _____ Registration District No. 129 File No. _____
 or City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Ellen Rose
 (a) Residence. No. 17 mi West of Collins St. Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 (b) 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Archibald Rose

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1843

7 AGE Years 82 Months 6 Days 6 IF LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home duties
 (b) General nature of industry business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) _____ (State or country) N. Y.

PARENTS

10 NAME OF FATHER Andrew Smith
 11 BIRTHPLACE OF FATHER (City or town) _____ (State or country) Holland

12 MAIDEN NAME OF MOTHER Don't know
 13 BIRTHPLACE OF MOTHER (City or town) _____ (State or country) Don't know

14 Informant Geo. W. Rose
 (Address) 77 Collins, Colo.

15 Filed 5/15, 1928. A. D. Carey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 14 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1928 to May 14, 1928.
 that I last saw her alive on May 9, 1928.
 that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Cardiac Decompensation

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical
 (Signed) V. E. Cram, M. D.
 (Address) 77 Collins Colo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL 77 Collins, Colo. DATE OF BURIAL 5/16 1928

20 UNDERTAKER H. M. Balmer ADDRESS H. Collins

MARGIN RESERVED FOR BINDING

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, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.