PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. ... of information should be carefully supplied.

STATE OF OHIO
DEPARTMENT OF HEALTH

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Putnam Registration District No. 1023 File No. [illegible]
Township Monterey Primary Registration District No. 6277 Registered No. 3
or Village .... No. ....
or City of .... (If death occurred in a hospital or institution, give its NAME instead of street and number) St., ... Ward

2 FULL NAME Katherine Lics

Did Deceased Serve in U. S. Navy or Army ....

(a) Residence. No. .... St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 ....

6 DATE OF BIRTH (month, day, and year) Oct 1, 1842

7 AGE	Years	Months	Days	If LESS than 1 day ...... hrs. or ...... min.
	83	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

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9 BIRTHPLACE (city or town) ....
(State or country) Germany

PARENTS

10 NAME OF FATHER John Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Germany

14 Informant Charles Lics
(Address) Ottoville Ohio

15 Filed 4-24-1925 A. J. Weber, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 4/22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1923, to April 22, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH* was as follows:
Senile Gangrene of foot

.... (duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY) ....
.... (duration) ...... yrs. ...... mos. ...... ds.

18 Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) J. F. [illegible], M. D.
4/24, 1925 (Address) Ottoville, O.

*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: Ottoville Ohio
DATE OF BURIAL: Apr 27 1925

20 UNDERTAKER, License No. 1536 [illegible] Kemmer
ADDRESS Ottoville Ohio