

THIS IS A PERMANENT RECORD. 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 very important. See instructions on back of certificate.

ORIGINAL

99- 339

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

1 PLACE OF DEATH County <u>Wright</u> State <u>Iowa</u> Registered No. <u>85</u>	
⑥ Township <u>Clarion</u> or Village _____ or City <u>Clarion</u> No. <u>Bernard hospital</u> St. _____ Ward _____ (If death occurred in a hospital or institution, give its name instead of street and number)	
2 FULL NAME <u>Belle Eliza Poundstone</u>	
① (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 <u>female</u>	4 COLOR OR RACE <u>white</u> ⑥
5 Single, Married, Widowed, or Divorced (write the word) <u>widowed</u> ②	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Poundstone</u>	
6 DATE OF BIRTH (month, day, and year) <u>March 4, 1855</u>	
7 AGE Years <u>68</u>	Months <u>6</u> Days <u>21</u> If less than 1 day, ____ hrs. or ____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>005</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	
9 BIRTHPLACE (city or town) <u>Reading</u> (State or country) <u>Ill.</u> ⑫	
10 NAME OF FATHER <u>John B. Ostrander</u>	
11 BIRTHPLACE OF FATHER (city or town) <u>New York state</u> ③① (State or country)	
12 MAIDEN NAME OF MOTHER <u>Nancy E. Lathan</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Conn.</u> ⑥ (State or Country)	
14 Informant <u>Harry Poundstone,</u> (Address) <u>Clarion, Iowa.</u>	
15 Filed <u>9/27, 1923</u> <u>R. V. Gosh</u> Registrar	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>Sept. 25th 1923</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1923</u> , to <u>Sept 25</u> , 19 <u>23</u> , that I last saw him alive on <u>Sept 25</u> , 19 <u>23</u> , and that death occurred, on the date stated above, at <u>7.30 P.</u> m. THE CAUSE OF DEATH* was as follows: <u>Gastric ulcer which</u> <u>was probably secondary to</u> <u>Sigmoid ulcer</u> (duration) <u>4</u> 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? <u>yes</u> Date of <u>Sept 14</u>	
Was there an autopsy? <u>no</u>	
What test confirmed diagnosis? <u>operation</u> (Signed) <u>B. B. Rush</u> , M. D. <u>9/25/23</u> (Address) <u>Clarion, Iowa.</u>	
*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 <u>Grandridge, Ill.</u>	DATE OF BURIAL <u>Sept. 28, 1923</u>
20 UNDERTAKER <u>Granville Smith</u>	ADDRESS <u>Clarion, Ia</u>