

STATE OF WISCONSIN 1935  
 Department of Health---Bureau of Vital Statistics

COPY OF DEATH RECORD

Registered No. 5

PLACE OF DEATH

County Waushara  
 Township Hancock  
 or Village Hancock  
 or City Hancock

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1 FULL NAME Sarah Belle Jones

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)

Length of resident 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 F 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced Widowed  
 (Write the word)

5a If married, widowed, or divorced Widowed  
 HUSBAND of Edmund Jones  
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10 1846

7 AGE Years Months Days If LESS than 1 day, hours or min.  
88 | 7 | 5

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Retired  
 (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Samuel S. Buel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Concord

12 MAIDEN NAME OF MOTHER Sarah Sumner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Emily Jones - Buel  
 (Address) Hancock

Filed Mar 19 1927 Registrar H. C. Treacy

Filed \_\_\_\_\_ 1927 Sub-Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1929

17 I HEREBY CERTIFY, that I attended deceased from Mar 12 1929  
 to Mar 15 1929; that I last saw her alive on Mar 15 1929, and that death occurred on the date stated above at 4:15 PM

The CAUSE OF DEATH\* was as follows:  
Septic Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributor (Secondary) Branch Sumner

(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? Terminal  
 (Signed) H. C. Treacy, M. D.,  
 192 (Address) Hancock

\*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 Hancock DATE OF BURIAL Mar 19 1929

20 UNDERTAKER F. S. Hamilton ADDRESS Hancock