

**CERTIFICATE OF DEATH.**

COMMONWEALTH OF PENNSYLVANIA.  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

1. PLACE OF DEATH.  
County of Bedford  
Township of Oeriton  
or  
borough of  
or  
City of (No. St.; Ward.)

Registration District No. 257  
Primary Registration District No. 2219

File No. 92247  
Registered No. 24

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Katherine Mary Dietz

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word.)

16. DATE OF DEATH Aug 28 1910  
(Month) (Day) (Year)

6. DATE OF BIRTH April 19 1866  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16 1910, to Aug 28 1910, that I last saw her alive on Aug 18 1910,

7. AGE 44 yrs. 4 mos. 9 ds. If LESS than 1 day how many.....hrs. or .....min.?

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

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

Heart Failure  
Initial Regurgitation  
202 (Duration) 3 yrs. .... mos. .... ds.

9. BIRTHPLACE (State or Country) Irks Twp. Pa.

Contributory (SECONDARY) Confinement 2 weeks previous (Duration) .... yrs. .... mos. .... ds.

10. NAME OF FATHER Daniel Kelley

(Signed) A. J. Bird M. D.

11. BIRTHPLACE OF FATHER (State or Country) Ireland.

Aug 29, 1910 (Address) Oeriton Pa

12. MAIDEN NAME OF MOTHER Mary Leahy

\*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) Oeriton Twp. Pa

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

(Informant) Wm Sick  
(Address) Oeriton

Where was disease contracted, If not at place of death?..... Former or usual residence.....

15. Filed Sept 6- 1910 W. F. Hershberger Local Registrar

19. PLACE OF BURIAL OR REMOVAL Oeriton Pa DATE OF BURIAL Aug 31 1910

20. UNDERTAKER V. B. Holcomb ADDRESS Duquesne Pa