

Genealogy Boot Camp

Session 3: Analyzing Information and Evidence

Ann G. Lawthers, Genealogist
April 2021

THE BRUE FAMILY LEARNING CENTER



American Ancestors[®]
by NEW ENGLAND HISTORIC GENEALOGICAL SOCIETY

Overview of the Day

Session 1

The Basics:
Research process
Forms and conventions
Standard sources

Session 2

Analyzing Sources:
Genealogical Proof Standard (GPS)
Sources vs. records
Citations

Session 3

Analyzing Records:
Information vs. evidence
Proof

Session Overview

Analyzing the Information

A light red arrow pointing downwards from the first box to the second box.

Evaluating the Evidence

A light red arrow pointing downwards from the second box to the third box.

Summing Up

Principles of Analysis

Source

Original

Derivative

Authored

Information

First-hand

Second-hand

Unknown

Evidence

Direct

Indirect

Negative

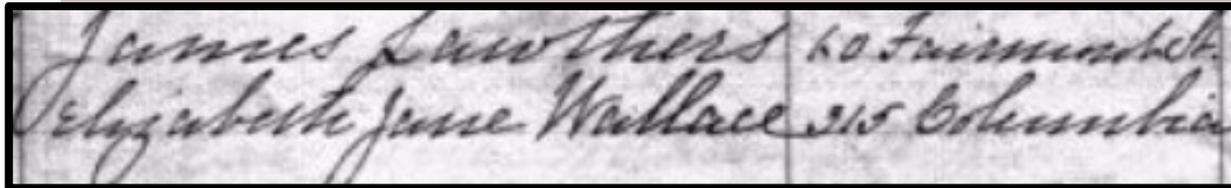
Analyze the Record

It Is All About the Information

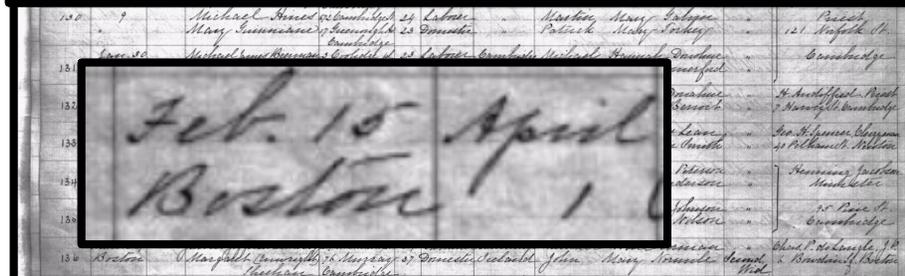
- Is the Information. . .
- First-hand
 - Immediately following the event
 - Long after the event
- Second-hand
 - From a non-participant
- Cannot tell who provided the information

What Genealogical Information Is In the Record?

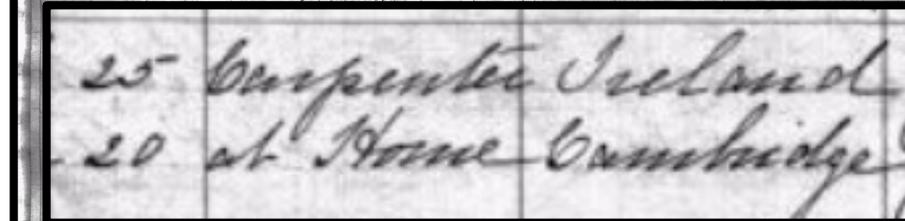
- Name and Residence



James Sawyers 60 Fairmount St.
Elizabeth Jane Wallace 315 Columbia



Feb. 15 April
Boston 1



25 Carpenter Ireland
20 at Home Cambridge

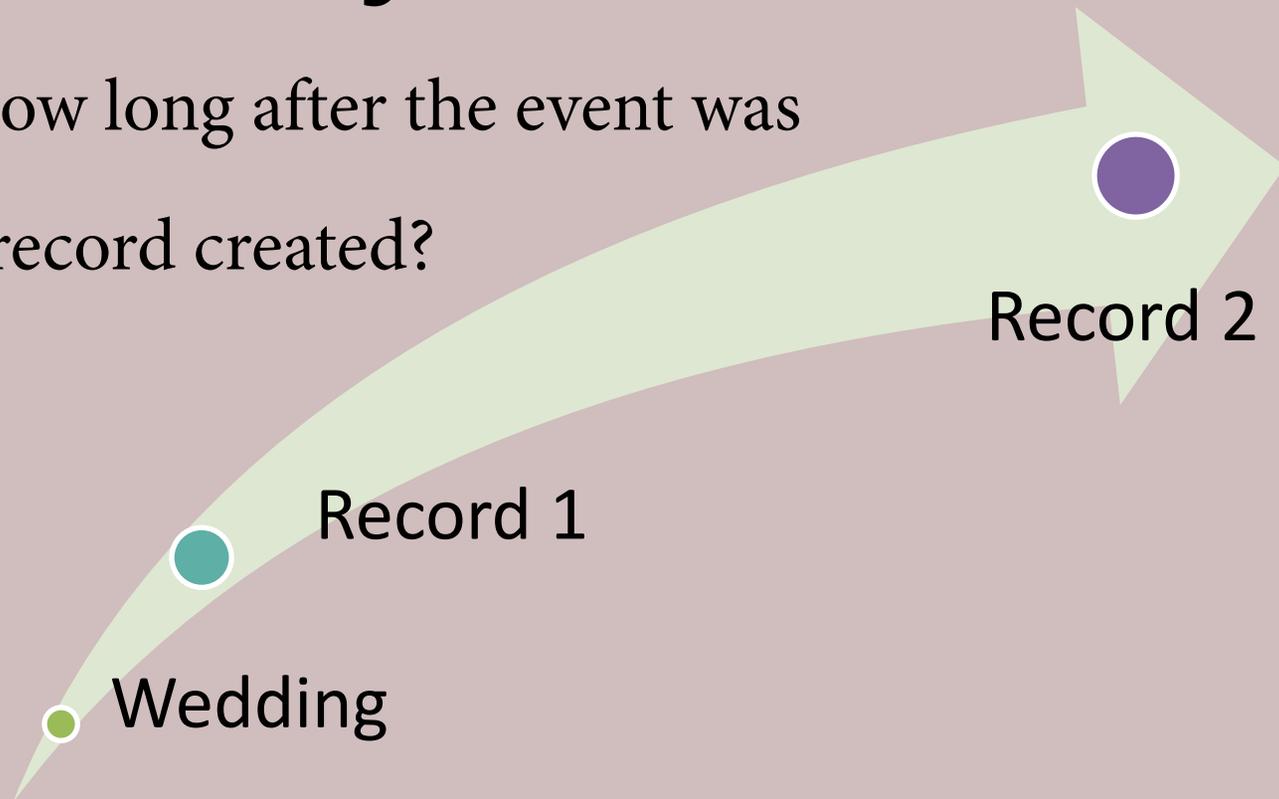


James Margaret Henry
Joseph Mary Elizabeth W. Ireland

- Date of marriage
- Age, occupation and place of birth
- Parent's names

Analysis Question 1

- How long after the event was the record created?



How Soon After the Event?

294

MARRIAGES REGISTERED in the City of Cambridge for the Year eighteen hundred and ninety-nine.

No.	DATE AND PLACE OF MARRIAGE.	DATE OF RECORD.	NAMES AND SURNAMES OF GROOM AND BRIDE. <small>(If the bride is a widow or divorcée, give maiden name also.)</small>	RESIDENCE OF EACH AT TIME OF MARRIAGE.	AGE of each in years.	OCCUPATION OF EACH.	PLACE OF BIRTH OF EACH.	NAMES OF PARENTS. <small>(Give maiden name of mother.)</small>	NAME, RESIDENCE, AND OFFICIAL STATION OF PERSON BY WHOM MARRIED.
127	March 15 Cambridge	March 19	Joseph G. Elder Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
128	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
129	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
130	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
131	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
132	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
133	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
134	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
135	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
136	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
137	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
138	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
139	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
140	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
141	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
142	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
143	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
144	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
145	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
146	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
147	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
148	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
149	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge
150	March 15 Cambridge	March 19	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert Mary	Second W. Deane 121 North St. Cambridge

I hereby certify that the above return is correct according to the best of my knowledge and belief.

DATE AND PLACE OF MARRIAGE.

DATE OF RECORD.

Feb. 15

April

Boston

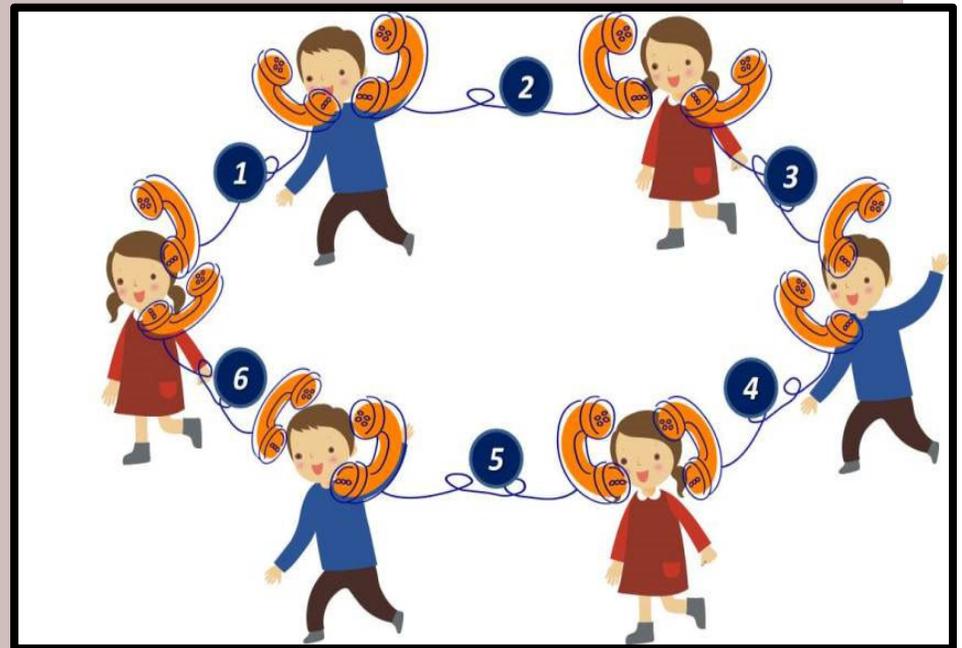
Analysis Question 2

Who provided the information in the record?

Participant?



Someone else?



Who Was the Informant?

294

MARRIAGES REGISTERED in the City of Cambridge, for the Year eighteen hundred and ninety-nine.

No.	DATE AND PLACE OF MARRIAGE.	DATE OF RECORD.	NAMES AND SURNAMES OF GROOM AND BRIDE. (If the bride is a widow, give maiden name also.)	RESIDENCE OF EACH AT TIME OF MARRIAGE.	AGE OF EACH AT TIME.	OCCUPATION OF EACH.	PLACE OF BIRTH OF EACH.	NAMES OF PARENTS. (Give maiden name of mother.)	What Marriage, 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th.	NAME, RESIDENCE, AND OFFICIAL STATION OF PERSON BY WHOM MARRIED.	
127	March 15 Cambridge	18	Samuel Elder Cecilia Moore	Cambridge Cambridge	24 24	Labourer at Home	Ireland Ireland	Robert John	Mary Elizabeth	Samuel East	Westward Cambridge
128	March 19 Cambridge	21	Philip A. McDonald Elizabeth Beattie	Cambridge Cambridge	27 18	Lawyer at Home	Canada at Home	William John	Elizabeth Mary Ann	Samuel 251 Mt. Vernon St. Boston	Cambridge Boston
129	Feb. 5 Cambridge	22	Daniel Van Wagoner Mary Agnes Buckley	Cambridge Cambridge	24 22	Wagoner Book	Ohio Ireland	David Patrick	Mary Ann	James J. F. Murray	Cambridge Boston
130	Jan. 9 Cambridge	9	Michael James Mary Sumner	Cambridge Cambridge	24 23	Labourer Domestic	Ireland Ireland	Robert Patrick	Mary Mary	James 121 Norfolk St. Boston	Cambridge Boston
131	Jan. 30 Cambridge	30	Michael James Alice Hastings	Cambridge Cambridge	25 20	Labourer at Home	Ireland Ireland	Michael Bernard	Mary Elizabeth	James Cambridge	Cambridge Cambridge
132	Mar. 29 Cambridge	27	Daniel Henry Mary Josephine	Cambridge Cambridge	19 17	Lawyer at Home	Ireland Ireland	Edward James	Ellen Mary M.	John Cambridge	Cambridge Cambridge
133	Feb. 24 Cambridge	24	Frederick Elizabeth	Cambridge Cambridge	21 21	Labourer at Home	Ireland Ireland	Robert William	Mary Elizabeth	James Cambridge	Cambridge Cambridge
139	Mar. 31 Boston	31	Frederick Esther	Cambridge Boston	24 22	Teacher at Home	Ireland Boston	James William	Mary Mary	James Cambridge	Cambridge Boston
140	Mar. 29 Boston	29	Walter Alice	Boston Boston	38 22	Printer Printer	Pa. Ireland	John A. James	Elizabeth Margaret	Walter Cambridge	Boston Cambridge
141	Feb. 10 Boston	10	James Elizabeth	Boston Boston	25 20	Compositor Compositor	Ireland Ireland	James Joseph	Mary Mary	James Cambridge	Boston Cambridge
142	April 2 Cambridge	2	Daniel Elizabeth	Cambridge Cambridge	25 27	Compositor Domestic	Ireland Ireland	James James	Mary Mary	James Cambridge	Cambridge Cambridge
143	March 2 Boston	2	Blanche Joseph	Boston Boston	22 20	Compositor at Home	Ireland Ireland	James James	Mary Mary	James Cambridge	Boston Cambridge
144	March 3 Boston	3	Thomas Margaret	Boston Boston	23 20	Compositor at Home	Ireland Ireland	James James	Mary Mary	James Cambridge	Boston Cambridge

I hereby certify that the above return is correct according to the best of my knowledge and belief.

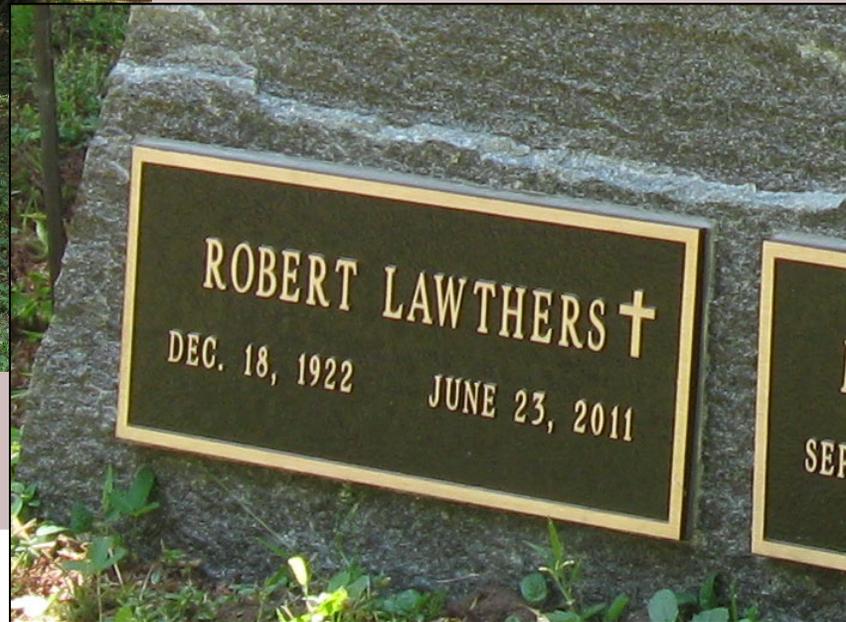
Scott F. Hershey, Minister
48 Mount St. Boston

Analysis Question 3

Is the information first-hand (primary) or secondary?



- Death date – primary
- Birth date - secondary



Analysis: Document A – 20th Century Death Certificate

Original, Derivative or Authored?

HVS-20010-200M-12-45

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **19393**
Registered No. **897**

Primary Dist. No. 2

CERTIFICATE OF DEATH

455

2/5 11:55 PM

1. PLACE OF DEATH: (a) County <u>Allegheny</u> (b) Township _____ (c) Borough _____ (d) City <u>Pittsburgh</u> (e) Name of hospital or institution <u>SCHENLEY APARTMENTS</u> (If not in hospital or inst. write street number or location) (f) Length of stay: In hospital or inst. _____ (g) In this community _____			2. USUAL RESIDENCE OF DECEASED: (a) State <u>Penna.</u> (b) County <u>Allegheny</u> (c) City or town <u>Pittsburgh</u> (If outside city or town limits, write RURAL) (d) Street No. <u>4000 Fifth Avenue</u> (If rural give location) (e) If citizen of foreign country, name country _____		
3. (a) FULL NAME <u>MAUDE BELL PLOWMAN</u>					
3. (b) If U. S. Veteran, complete reverse side of certificate _____			3. (c) Social Security No. <u>None</u>		
4. Sex <u>F</u> race <u>W</u>		6. (a) Single, widowed, married, divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>George Taylor Plowman</u>		6. (c) Age of husband or wife if alive _____ years			
7. Birth date of deceased <u>May 30 1874</u> (Month) (Day) (Year)					
8. AGE: Years <u>72</u> Months <u>8</u> Days <u>5</u> If less than one day _____ hr. _____ min.					
9. Birthplace <u>Turkey</u> (City, town, or county) (State or foreign country)					
10. Usual occupation <u>Retired</u>					
11. Industry or business _____					
12. Name <u>Rev. Newton Hervey Bell</u>					
13. Birthplace <u>Iowa</u> (City, town, or county) (State or foreign country)					
14. Maiden name <u>Emma Hall Curtis</u>					
15. Birthplace <u>New York</u> (City, town, or county) (State or foreign country)					
16. (a) Informant's own signature <u>James Plowman (R)</u> (b) Address <u>Schenley Apts., Pittsburgh, Penna.</u>					
17. (a) <u>Cremation</u> (b) Date thereof <u>2-10-47</u> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place <u>Homewood</u> County <u>Allegheny</u> State <u>Penna.</u>					
18. (a) Signature of funeral director <u>R. I. Duffenderfer</u> (b) Address <u>H. SAMSON, Inc., 537 Neville St.</u>					
19. (a) <u>FEB 7 1947</u> (b) _____ (Date received local Registrar) (Registrar's signature)					
MEDICAL CERTIFICATION 20. Date of death: Month <u>Feb.</u> day <u>5</u> year <u>1947</u> hour <u>11 PM</u> minute <u>50</u> 21. I hereby certify that I attended the deceased from <u>Jan 24</u> , 1947, to <u>Feb 5</u> , 1947 that I last saw her alive on <u>Feb. 5</u> , 1947 and that death occurred on the date and hour stated above. Immediate cause of death <u>Cerebral hemorrhage</u> <u>Left Hemiplegia</u> Due to <u>Hypertension</u> <u>From history</u> Other conditions _____ (Include pregnancy within 8 months of death) Major findings: _____ Of operations <u>X</u> <u>B30</u> Of autopsy <u>X</u> <u>102</u>					DURATION <u>12 days</u> <u>1/2 hr.</u>
22. If death was due to external causes, fill in the following: (a) (Probably) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>X</u> (Specify type of place) While at work? <u>X</u> (e) Means of injury _____					PHYSICIAN Underline the cause to which death should be charged statistically.
23. Signature <u>J. J. Schull</u> (M. D. or other) Address <u>Schenley apt</u> Date signed <u>2/6/47</u>					

-10-

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH.

When Was the Record Created?

HVS-20010-200M-12-45

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **19393**
Registered No. **897**

Primary Dist. No. **2**

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegheny
(b) Township _____
(c) Borough _____
(d) City Pittsburgh
(e) Name of hospital or institution SCHENLEY APARTMENTS
(If not in hospital or inst. write street number or location)
(f) Length of stay: _____
In hospital or inst. _____ (g) In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Allegheny
(c) City or town Pittsburgh
(If outside city or town limits, write RURAL)
(d) Street No. 4000 Fifth Avenue
(If rural give location)
(e) If citizen of foreign country, name country _____

3. (a) FULL NAME _____
3. (b) If U. S. Veteran, complete reverse side of certificate _____

4. Sex F **5. Color or race** W

6. (b) Name of husband or George Taylor Plowman

7. Birth date of deceased _____

8. AGE: Years 72 Months 8

9. Birthplace _____
(City, town, or county, State)

10. Usual occupation Retired

11. Industry or business _____

3/5 11:55 PM

MEDICAL CERTIFICATION

20. Date of death: Month Feb. day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from June 24, 1947, to Feb 5, 1947

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations X B30
Of autopsy X 102

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) _____

23. Signature J. J. Schill (Specify type of place) While at work?
Address Schenley apts (e) Means of injury _____
Date signed 2/4/47 (M. D. or other)

17. (a) Cremation _____ (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director R. T. Offenderffer
(b) Address H. SAMSON, Inc., 537 Neville St.

19. (a) FEB 7 1947 (b) _____
(Date received local registrar) (Registrar's signature)

-10-

Who Provided the Information?

HVS-20010-200M-12-45

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **19393**
Registered No. **897**

Primary Dist. No. 2

CERTIFICATE OF DEATH

455

1. PLACE OF DEATH:

(a) County Allegheny
(b) Township _____
(c) Borough _____
(d) City Pittsburgh
(e) Name of hospital or institution SCHENLEY APARTMENTS
(If not in hospital or inst. write street number or location)
(f) Length of stay: _____
In hospital or inst. _____ (g) In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna. (b) County Allegheny
(c) City or town Pittsburgh
(If outside city or town limits, write RURAL)
(d) Street No. 4000 Fifth Avenue
(If rural give location)
(e) If citizen of foreign country, name country _____

3. (a) FULL NAME MAUDE BELL PLOWMAN

3. (b) If U. S. Veteran, complete reverse side of certificate _____ 3. (c) Social Security No. None

5. Color or race _____ 6. (a) Single, widowed, married, divorced Widowed

4. Sex F race W _____

6. (b) Name of husband or wife George Taylor Plowman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Turkey
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MEDICAL CERTIFICATION

20. Date of death: Month Feb. day 5 year 1947 hour 11 PM minute 58

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947 that I last saw her alive on Feb. 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Left Hemiplegia
Due to Hypertension
Due to From history

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION
12 days
1/2 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.
B30
102

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature D. J. Schull (M. D. or other)
Address Schenley apt Date signed 2/6/47

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE TO BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS.

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennifer Plowman (R)
(b) Address Schenley Apts., Pittsburgh, Penna.

17. (a) Cremation (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Homewood County Allegheny State Penna.

18. (a) Signature of funeral director R. T. Duffenderfer
(b) Address H. SAMSON, Inc., 537 Neville St.

19. (a) FEB 7 1947 (b) _____
(Date received local Registrar) (Registrar's signature)

-10-

What Genealogical Information Is On a Death Certificate?

File No. 1947-8

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

HVS-20010-200M-12-45

Primary Dist. No. 2

WARD PUNCHED

PHYSICIANS should state CAUSE very important. See instructions.

1. PLACE OF DEATH:

(a) County Allegheny

(b) Township

(c) Borough Pittsburgh

(d) City

(e) Name of hospital or institution SCHENLEY APARTMENTS
(If not in hospital or inst. write street number or locality)

Length of stay: In hospital or inst. (g) In this community

20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb 5, 1947.

2. NAME OF DECEASED: MAUDE BELL PLOWMAN

3. BIRTH DATE OF DECEASED: May 30 1874
(Month) (Day) (Year)

4. SEX: F race W divorced Widowed

5. AGE: Years 72 Months 8 Days 5
If less than one day hr. min.

6. (b) Name of husband or wife: George Taylor Plowman

6. (c) Age of husband or wife if alive 30 years

7. BIRTHPLACE: Turkey

8. AGE: Years 72 Months 8 Days 5

9. BIRTHPLACE: Turkey

10. USUAL OCCUPATION: Retired

11. INDUSTRY OR BUSINESS: Retired

12. NAME: Rev. Newton Hervey Bell

13. BIRTHPLACE: Iowa

14. MAIDEN NAME: Emma Hall Curtis

15. BIRTHPLACE: New York

16. PLACE OF DEATH: Homewood County Allegheny State Penna.

17. SIGNATURE OF FUNERAL DIRECTOR: R. T. Duffenduffer

18. ADDRESS: H. SAMSON, Inc., 537 Neville St.

19. (a) FEB 7 1947 (Date received local Registrar)

19. (b) (Registrar's signature)

20. DATE OF DEATH: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb 5, 1947.

22. SIGNATURE: J. D. Schill

22. ADDRESS: Schenley apt

22. DATE SIGNED: 2/4/47

23. MEANS OF INJURY: (M. D. or other)

24. OTHER CONDITIONS: X

25. IMMEDIATE CAUSE OF DEATH: Cerebral hemorrhage

26. DUE TO: Left Hemiplegia

27. DUE TO: Hypertension

28. DUE TO: (From history)

29. 12 days

30. yrs.

Date of Birth

Date of Death

7. Birth date of deceased May 30 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 5
If less than one day hr. min.

9. Birthplace Turkey

MEDICAL CERTIFICATION

20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb 5, 1947.

MEDICAL CERTIFICATION

20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb 5, 1947.

4. Sex F race W divorced Widowed

6. (b) Name of husband or wife: George Taylor Plowman

6. (c) Age of husband or wife if alive 30 years

Name of Spouse

Parents

MOTHER FATHER

12. Name Rev. Newton Hervey Bell

13. Birthplace Iowa

14. Maiden name Emma Hall Curtis

15. Birthplace New York

Cause of Death

Immediate cause of death: Cerebral hemorrhage

Due to: Left Hemiplegia

Due to: Hypertension

Due to: (From history)

12 days

yrs.

Which Information Is Primary

File No. 1947-8

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Dist. No. 2

1. PLACE OF DEATH:
 (a) County Allegheny
 (b) Township
 (c) Borough Pittsburgh
 (d) City
 (e) Name of hospital or institution SCHENLEY APARTMENTS
(If not in hospital or inst. write street number or local address)
 Length of stay:
 In hospital or inst. (g) In this community

Date of Death

MEDICAL CERTIFICATION

20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb. 5, 1947.

MAUDE BELL PLOWMAN

7. Birth date of deceased May 30 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 72 8 5 hr. min.

9. Birthplace Turkey

Name of Spouse

4. Sex F race W divorced Widowed

5. (b) Name of husband or wife George Taylor Plowman 5. (c) Age of husband or wife if alive 30 years

8. AGE: Years Months Days
 72 8 5

9. Birthplace Turkey
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

Cause of Death

MEDICAL CERTIFICATION

20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb. 5, 1947.

Immediate cause of death
 Cerebral hemorrhage
 Left Hemiplegia
 Due to Hypertension
 Due to (From history)

12. Name Rev. Newton Hervey Bell

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hall Curtis

15. Birthplace New York
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director R. T. Duffenduffler
 (b) Address H. SAMSON, Inc., 537 Neville St.

19. (a) FEB 7 1947 (Date received local Registrar) (b) (Registrar's signature)

23. Signature J. D. Schill (M. D. or other) Address Schenley apt Date signed 2/4/47

Which Information is Secondary?

File No. 1938

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Dist. No. 2

1. PLACE OF DEATH:
 (a) County Allegheny
 (b) Township
 (c) Borough Pittsburgh
 (d) City
 (e) Name of hospital or institution SCHENLEY APARTMENTS
 Length of stay: In hospital or inst. (g) In this community

MEDICAL CERTIFICATION
 20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55
 21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb. 5, 1947.

MAUDE BELL PLOWMAN 7/5 11 55 PM

7. Birth date of deceased May 30 1874
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day	
72	8	5	hr.	min.

9. Birthplace Turkey

8. AGE: Years 72 Months 8 Days 5

9. Birthplace Turkey (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

4. Sex F race W divorced Widowed

5. (b) Name of husband or wife George Taylor Plowman 5. (c) Age of husband or wife if alive 30 years

6. (b) Name of husband or wife George Taylor Plowman 5. (c) Age of husband or wife if alive 30 years

12. Name Rev. Newton Hervey Bell

13. Birthplace Iowa (City, town, or county) (State or foreign country)

14. Maiden name Emma Hall Curtis

15. Birthplace New York (City, town, or county) (State or foreign country)

(c) Place Homewood County Allegheny State Penna.

18. (a) Signature of funeral director R. T. Dykenderff
 (b) Address H. SAMSON, Inc., 537 Neville St.

19. (a) FEB 7 1947 (Date received local Registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
 20. Date of death: Month Feb. 5 day 5 year 1947 hour 11 PM minute 55
 21. I hereby certify that I attended the deceased from Jan 24, 1947, to Feb 5, 1947, that I last saw her alive on Feb. 5, 1947.

Due to Hypertension
 Due to (From history)
 Other conditions X

stated above.
 Immediate cause of death
 Cerebral Hemorrhage
 Left Hemiplegia
 Due to Hypertension
 Due to (From history)

12 days
 yrs.

23. Signature J. J. Schill (M. D. or other)
 Address Schenley apt Date signed 2/4/47

Date of Birth

Date of Death

Name of Spouse

Cause of Death

Parents