

# Genealogy Boot Camp

## *Session 3: Analyzing Information and Evidence*

Hallie Kirchner, Genealogist

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



Evaluating the Evidence



Summing Up

# Principles of Analysis

## Source

Original

Derivative

Authored

## Information

First-hand

Second-hand

Unknown

## Evidence

Direct

Indirect

Negative

# Analyze the Record

# Record Analysis

- What is the purpose of the record? Who created it?
- Is the record legible?
- Is any information missing?
  - Is the document ripped, torn, wrinkled, etc.?
  - Do I have all the pages?
  - Is the digital image complete?

# Information Analysis

- What genealogical information is present?
- How much time passed between the event and its recording?
- Who provided the information being recorded?
  - Who was the informant?
- Are there any contradictions within the information given? Between this record and others?

# It Is All About the Information

- Is the Information. . .
- First-hand?
  - Immediately following the event (best case)
  - Long after the event (can introduce bias or be subject to false memories)
- Second-hand?
  - From a non-participant
- Unknown?
  - Cannot tell who provided the information

66

**RETURN OF A BIRTH.**

The Physician, Anesthetist or person in attendance should immediately return this Certificate, accurately filled out, to the County Clerk. Penalty, \$10.00, if not so certified and returned within thirty days.

**State of Illinois, )**  
**COOK COUNTY. )** **VITAL STATISTICS DEPARTMENT, COUNTY CLERK'S OFFICE.**

1. \*Full Name of Child (if any), Andrew

2. Sex, Male Race or Color (if not of the white race), White

3. Number of Child of this Mother, 2d

4. Date of this Birth, Aug 25-1899- 6.40 am

5. †Place of Birth, No. 5317 Jackson Ave 32d Ward

6. Residence of Mother, " " " "

7. a. Father, Nationality: American Place of Birth: Illinois Age of: 29  
b. Mother, " " Iowa 30

8. Full Name of Mother, Etta Andrew

9. Maiden Name of Mother, Etta Cross

10. Full Name of Father, Mr Andrew

11. Occupation of Father, Teacher

12. Name and address of other Attendants, if any, Mrs Att-5315 Jackson Ave

Dated, Aug 25 1899 Returned by, G. P. Brady M. D.  
Residence, 5524 Duane Ave

\* The given name of Child should be certified, if possible, when this Certificate is made, and should, in any case, be certified and registered within a few days.  
† City, number, street and ward; same in towns that have them; township or precinct.

Andrews Birth Certificate, Cook County, IL, 1899

66

**RETURN OF A BIRTH.**

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9. Maiden Name of Mother, Etta Cross

10. Full Name of Father, Mr Andrew

11. Occupation of Father, Teacher

12. Name and address of other Attendants, if any, None

Dated, Aug 25 1899 Returned by \_\_\_\_\_  
 Residence, \_\_\_\_\_

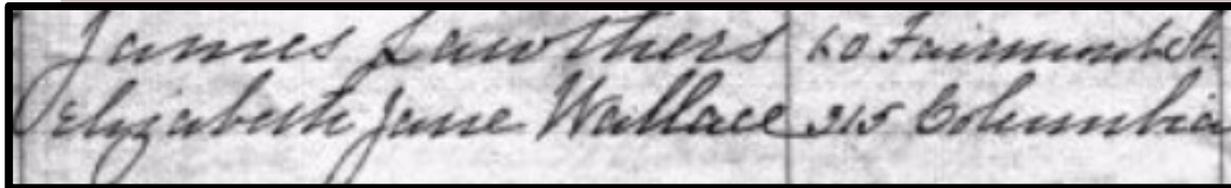
\*The given names of Child should be certified, if possible, when this Certificate is made, with City, number, street and ward; same in boxes that have them; or locality or precinct.

- Is this an original, derivative, or authored? ORIGINAL
- Is the record legible? YES
- Is any information missing? YES
- How much time passed between the event and its recording? LESS THAN ONE DAY
- Who was the informant? ATTENDING PHYSICIAN

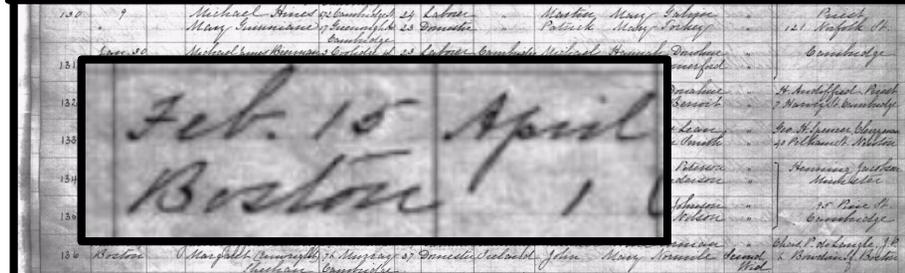
Andrews Birth Certificate, Cook County, IL, 1899

# What Genealogical Information Is In the Record?

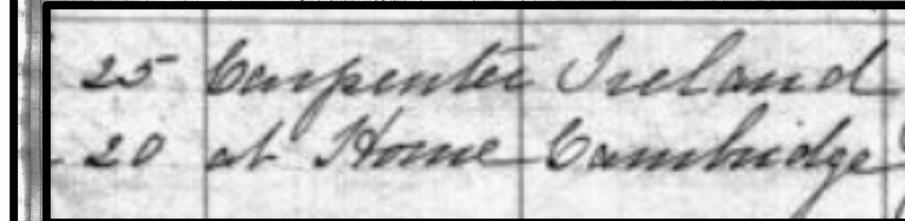
- Name and Residence



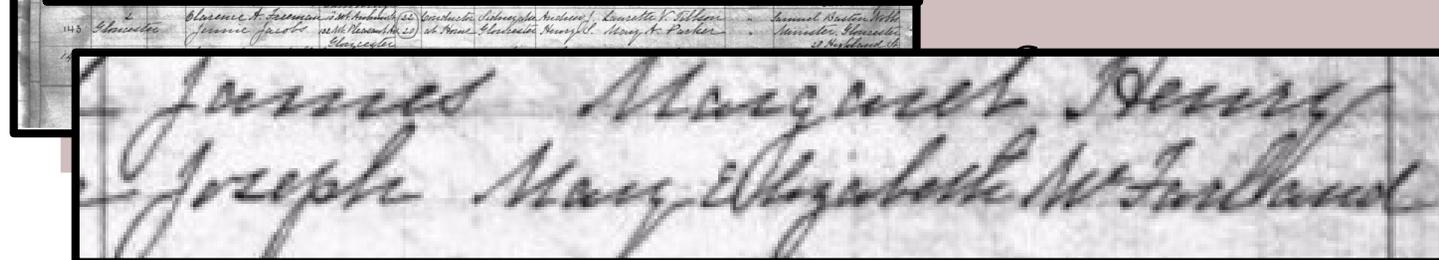
James Sawyers 60 Fairmount St.  
Elizabeth Jane Wallace 315 Columbia



Feb. 15 April  
Boston 1



25 Carpenter Ireland  
20 at Home Cambridge

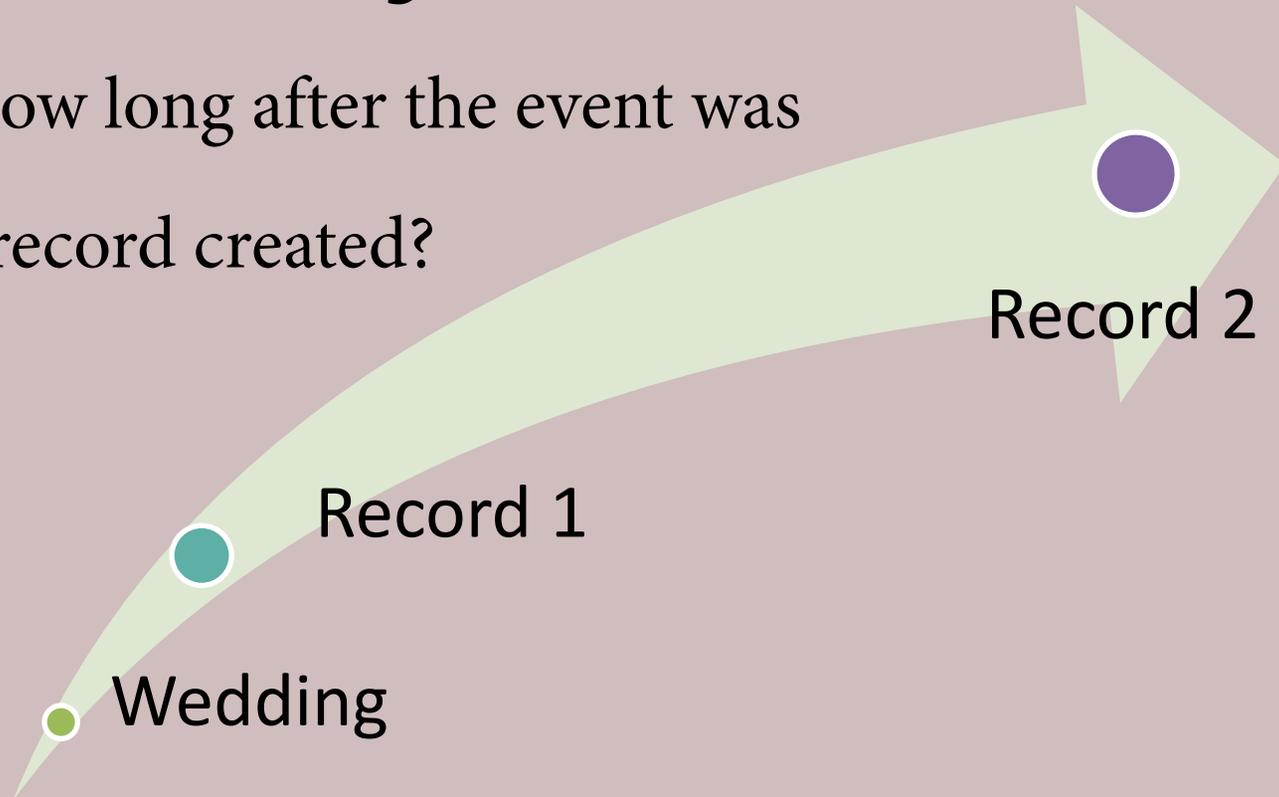


James Margaret Henry  
Joseph Mary Elizabeth W. Ireland

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

# Analysis Questions

- 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.	NAME OF GROOM'S FATHER.	NAME OF BRIDE'S FATHER.	NAME, RESIDENCE, AND OFFICIAL STATION OF PERSON BY WHOM MARRIED.
127	March 15 Cambridge	March 15	Joseph G. Elder Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
128	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
129	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
130	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
131	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
132	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
133	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
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136	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
137	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
138	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
139	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
140	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
141	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
142	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
143	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
144	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
145	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
146	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
147	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
148	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
149	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	Second W. Deane 121 North St. Cambridge
150	March 15 Cambridge	March 15	John A. Moore Sarah Moore	101 Cambridge St. Cambridge	24 24	Laborer Housewife	Ireland Ireland	Robert John	Mary John	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

Boston

April

1

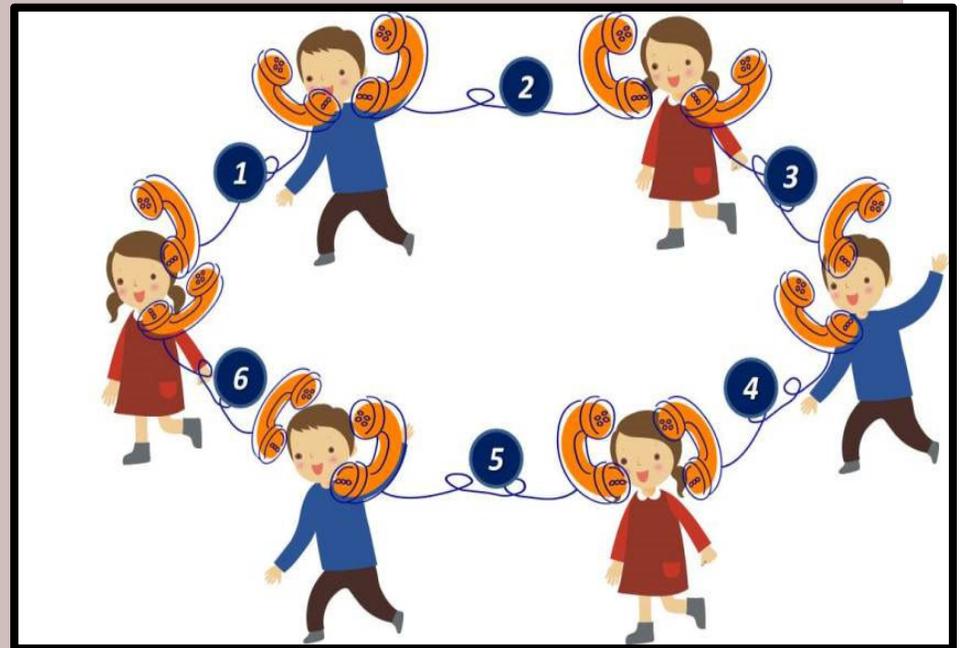
# Analysis Questions

## 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. <small>(If the bride is a widow, give maiden name also.)</small>	RESIDENCE OF EACH AT TIME OF MARRIAGE.	AGE OF EACH AT TIME.	OCCUPATION OF EACH.	PLACE OF BIRTH OF EACH.	NAMES OF PARENTS. <small>(Give maiden name of mother.)</small>	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	March 18	Samuel Elmer Cecilia Moore	Cambridge Cambridge	24 24	Laborer at Home	Ireland Ireland	Robert John	Mary Elizabeth	Samuel East	Westward Cambridge
128	March 19 Cambridge	March 21	Philip A. McDonald Elizabeth Beattie	Cambridge Cambridge	27 18	Lawyer at Home	Cambridge at Home	William John	Elizabeth Mary Ann	Samuel 251 Mt. Vernon St.	Beattie Boston
129	Feb. 5 Cambridge	Feb. 22	Daniel Van Wagoner Mary Agnes Buckley	Cambridge Cambridge	24 22	Wagoner Book	at Home Ireland	David Patrick	Mary Ann	James J. F. Murray	at Home Boston
130	March 9 Cambridge	March 9	Michael James Mary Sumner	Cambridge Cambridge	24 23	Laborer Domestic	at Home at Home	Robert Patrick	Mary Mary	James 121 Norfolk St.	at Home Boston
131	Jan. 30 Cambridge	Jan. 30	Michael James Alice Hastings	Cambridge Cambridge	25 20	Laborer at Home	Cambridge at Home	Michael Bernard	Mary Elizabeth	James Cambridge	at Home Boston
132	Mar. 29 Cambridge	Mar. 27	Daniel Henry Mary Josephine	Cambridge Cambridge	19 17	Gas fitter at Home	Boston at Home	Edward James	Ellen Mary M.	H. A. H. H. H. 74 Norfolk St.	at Home Cambridge
133	Feb. 24 Cambridge	Feb. 24	Frederick Elizabeth	Cambridge Cambridge	21 21	at Home at Home	at Home at Home	Frederick William	Elizabeth Mary	Frederick 51 Pelham St.	at Home Boston
139	March 31 Boston	March 31	Frederick Esther	Cambridge Boston	24 22	Teacher at Home	Boston Boston	Henry Wm.	Ann Mary	Frederick 535 Mount St.	at Home Boston
140	March 29 Boston	March 29	Walter Helen	Boston Boston	38 22	Patrol Nurse	Pa. Ireland	Wm. A. Joseph	Elizabeth Mary	Wm. A. 121 Norfolk St.	at Home Boston
141	Feb. 10 Boston	Feb. 10	James Mary	Boston Boston	25 20	Compositor at Home	Ireland Cambridge	James Joseph	Mary Mary	James 51 Mount St.	at Home Boston
142	April 2 Cambridge	April 2	Daniel Esther	Cambridge Cambridge	25 27	Compositor Domestic	Ireland at Home	James Thomas	Mary Mary	James 227 Mount St.	at Home Boston
143	March 2 Boston	March 2	Blanche Joseph	Boston Boston	22 20	Compositor at Home	Boston Boston	Blanche Joseph	Mary Mary	Blanche 227 Mount St.	at Home Boston
144	March 3 Boston	March 3	Thomas Margaret	Boston Boston	23 20	Compositor at Home	Boston at Home	Thomas William	Mary Mary	Thomas 175 Washington St.	at Home Boston

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

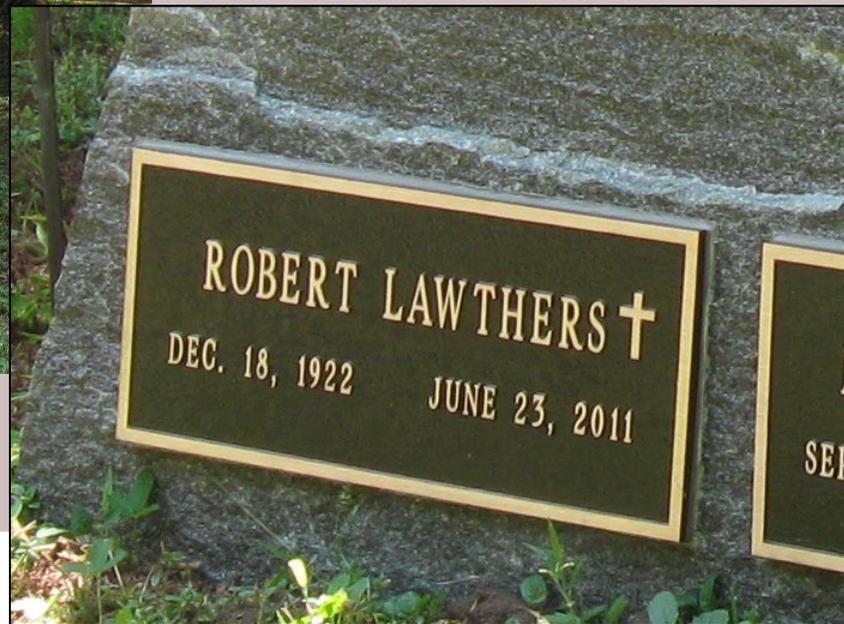
Scott F. Hensley, Minister  
48 Mount St. Boston

# Analysis Questions

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



- Death date – primary
- Birth date - secondary



# Analysis: Document A – 20<sup>th</sup> Century Death Certificate



# When Was the Record Created?

HVS-20010-200M-12-45

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

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

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 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

5. Color or race \_\_\_\_\_  
4. Sex F race W  
6. (b) Name of husband or wife George Taylor Plowman  
7. Birth date of deceased \_\_\_\_\_  
8. AGE: Years 72 Months 8  
9. Birthplace \_\_\_\_\_ (City, town, or county)  
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  B30  
Of autopsy  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) \_\_\_\_\_  
(Specify type of place)  
(c) Means of injury \_\_\_\_\_

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

-10-

N. B.—Every item of information on back of certificate is plain text.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain text. AGE should be stated EXACTLY. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

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. Offenderffer  
(b) Address H. SAMSON, Inc., 537 Neville St.  
19. (a) FEB 7 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

# 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*

*2/5 11:55 PM*

**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 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 \_\_\_\_\_ B30  
Of autopsy \_\_\_\_\_ 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 J. J. Schull (M. D. or other) \_\_\_\_\_  
Address Schenley apt Date signed 2/6/47

-10-

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

DURATION  
12 days  
1 mo.

N. B.—Every item of DEATH information on this certificate is a permanent record with UNFADING INK—THIS IS A PERMANENT RECORD—PHYSICIANS should state CAUSE fully supplied. AGE should be stated EXACTLY. Occupation is very important. See instructions be properly classified. Exact Statement of OCCUPATION is very important. See instructions.

GARD FUNKHEE

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

16. (a) Informant's own signature Jennifer Plowman (Rt)  
(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)

# What Genealogical Information Is On a Death Certificate?

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  
(If not in hospital or inst. write street number or local address)  
 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 50  
 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 75 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

10. Usual occupation Retired

11. Industry or business

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. Duffenduffer  
 (b) Address H. SAMSON, Inc., 537 Neville St.  
 19. (a) FEB 7 1947 (Date received local Registrar)  
 (b) (Registrar's signature)

4. Sex F race W divorced Widowed  
 5. (b) Name of husband or wife George Taylor Plowman  
 6. (c) Age of husband or wife if alive 30 years  
 1974

20. Date of death: Month Feb. 5 year 1947 hour 11 PM minute 50  
 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.

18. (a) Signature of funeral director R. T. Duffenduffer  
 (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  
 Address Schenley apt  
 Date signed 2/4/47

Date of Birth

Date of Death

7. Birth date of deceased  
 8. AGE: Years Months Days  
 9. Birthplace

Name of Spouse

4. Sex race divorced  
 5. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive

Parents

12. Name  
 13. Birthplace  
 14. Maiden name  
 15. Birthplace

Cause of Death

Immediate cause of death  
 Due to  
 Due to

# Which Information Is Primary?

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  
(If not in hospital or inst. write street number or local address)  
 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

10. Usual occupation Retired

11. Industry or business

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. Duffenduffer  
 (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 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  
 5. (b) Name of husband or wife George Taylor Plowman  
 6. (c) Age of husband or wife if alive 30 years 1874

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  
 Other conditions X  
 While at work? (e) Means of injury  
 23. Signature J. J. Schill (M. D. or other)  
 Address Schenley apt Date signed 2/4/47

12 days  
 yrs

Date of Birth

Date of Death

Name of Spouse

Parents

Cause of Death

# Which Information is Secondary?

File No. 193

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 55 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  
 8. AGE: Years 72 Months 8 Days 5  
 9. Birthplace Turkey

10. Usual occupation Retired  
 11. Industry or business

**MEDICAL CERTIFICATION**  
 20. Date of death: Month Feb. 5 year 1947 hour minute  
 21. I hereby certify that I attended the deceased from Jan 24, 1947, to 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

12. Name Rev. Newton Hervey Bell  
 13. Birthplace Iowa  
 14. Maiden name Emma Hall Curtis  
 15. Birthplace New York

**MEDICAL CERTIFICATION**  
 Immediate cause of death Cerebral Hemorrhage  
 Left Hemiplegia  
 Due to Hypertension  
 Due to (From history)  
 12 days  
 yrs

18. (a) Signature of funeral director R. T. Dyfenderffer  
 (b) Address H. SAMSON, Inc., 537 Neville St.  
 19. (a) FEB 7 1947 (Date received local Registrar)  
 (b) (Registrar's signature)

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

Date of Birth

Date of Death

7. Birth date of deceased May 30 1874  
 8. AGE: Years 72 Months 8 Days 5  
 9. Birthplace Turkey

Name of Spouse

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

Parents

12. Name Rev. Newton Hervey Bell  
 13. Birthplace Iowa  
 14. Maiden name Emma Hall Curtis  
 15. Birthplace New York

Cause of Death

**MEDICAL CERTIFICATION**  
 Immediate cause of death Cerebral Hemorrhage  
 Left Hemiplegia  
 Due to Hypertension  
 Due to (From history)  
 12 days  
 yrs