

Genealogical Skills Bootcamp

Session 3: Analyzing Records

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's 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.

	<i>Nationality:</i>	<i>Place of Birth:</i>	<i>Age of:</i>
a. Father, <u>American</u>	<u>Illinois</u>	<u>Illinois</u>	<u>29</u>
b. Mother, <u>"</u>	<u>"</u>	<u>Iowa</u>	<u>30</u>
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.

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.

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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, 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 scribble or preface.

- 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?

RETURN OF A BIRTH. 66

The Physician, Attending 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, American Nationality: Illinois 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
G. P. Brady M. D.
 Residence, 5524 Duane Ave

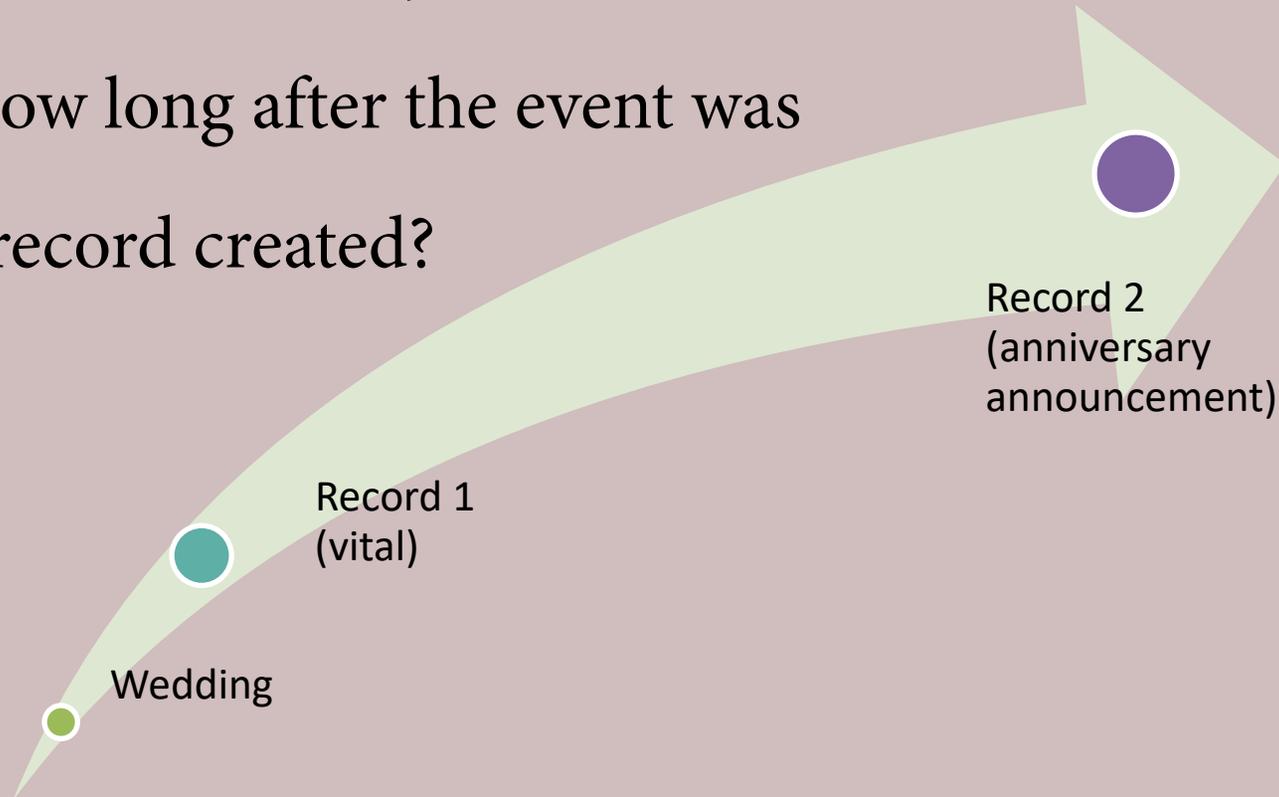
Dated, Aug 25 1899 Returned by, G. P. Brady M. D.

* 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.

- Child's name
- Date and place of birth
- Parent's names
- Mother's maiden name
- Residence of mother
- Father's occupation
- Ages and birthplaces of parents

Analysis Questions

- How long after the event was the record created?



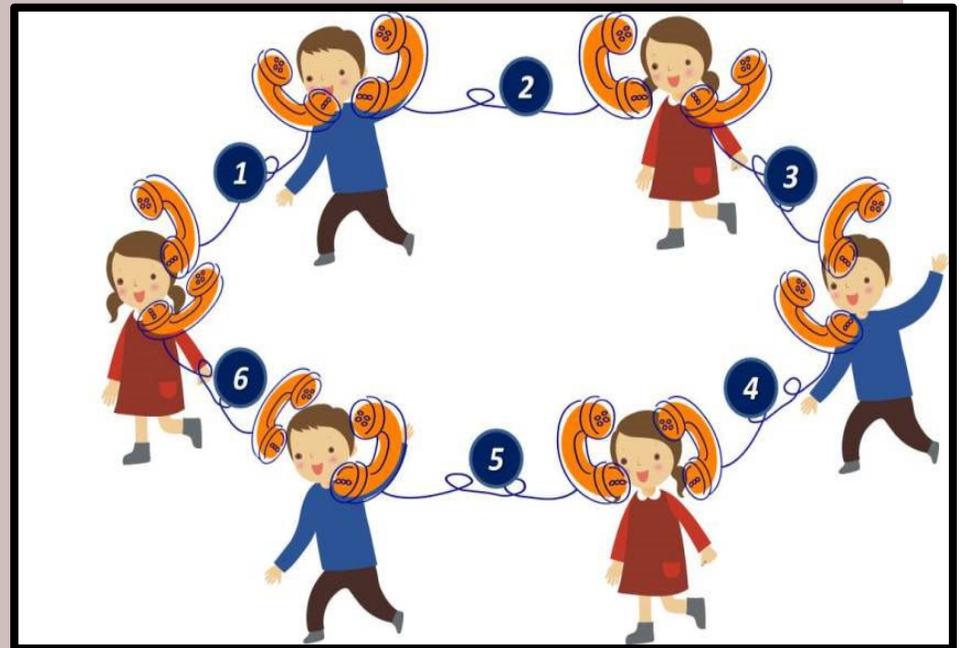
Analysis Questions

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 IN YEARS.	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 12 Cambridge	March 13	Samuel Elder Cecilia Moore	Cambridge Cambridge	24 24	Laborer at Home	Ireland Ireland	Robert John	Mary Elizabeth	Samuel East	Richardson Boggs
128	March 19 Cambridge	March 21	Philip A. McDonald Elizabeth Bartlett	Cambridge Cambridge	27 18	Lawyer at Home	Massachusetts at Home	William John	Elizabeth Mary Ann	Samuel Wm. Andrew	Wheeler Bartlett
129	Feb. 5 Cambridge	Feb. 22	Daniel Van Wagoner Mary Agnes Buckley	Cambridge Cambridge	24 22	Wagoner Book	Ohio Ireland	David Patrick	Mary Ann	Daniel Patrick	Van Wagoner Buckley
130	March 9 Cambridge	March 9	Michael James Mary Sumner	Cambridge Cambridge	24 23	Laborer Domestic	Ireland Ireland	Michael Patrick	Mary Mary	Michael Patrick	James Sumner
131	Jan. 30 Cambridge	Jan. 30	Michael James Alice Hastings	Cambridge Cambridge	25 20	Laborer at Home	Ireland at Home	Michael Bernard	Mary Elizabeth	Michael Bernard	James Hastings
132	Mar. 29 Cambridge	Mar. 27	Daniel Henry Mary Josephine	Cambridge Cambridge	19 17	Gas fitter at Home	Massachusetts Massachusetts	Edward James	Ellen Mary M.	Edward James	Henry Josephine
133	Feb. 24 Cambridge	Feb. 24	Frederick Elizabeth	Cambridge Cambridge	21 21	at Home at Home	at Home at Home	Frederick Elizabeth	Elizabeth Elizabeth	Frederick Elizabeth	Frederick Elizabeth
139	March 30 Cambridge	March 31	Frederick Esther	Cambridge Cambridge	24 22	Teacher at Home	Massachusetts Boston	Henry Wm. John	Ann Mary	Frederick Wm. John	Esther Mary
140	March 29 Boston	March 29	Walter Hunt Anna Helen	Boston Boston	38 22	Patent Nurse	Pa. Ireland	Wm. A. Joseph	Elizabeth Mary Elizabeth	Walter Joseph	Hunt Hunt
141	Feb. 10 Boston	Feb. 10	James Elizabeth	Boston Boston	25 20	Compositor at Home	Ireland Ireland	James Joseph	Mary Mary Elizabeth	James Joseph	Elizabeth Mary Elizabeth
142	April 2 Cambridge	April 2	Daniel Elizabeth	Cambridge Cambridge	25 27	Compositor Domestic	Ireland Ireland	James Thomas	Mary Mary	Daniel Thomas	Elizabeth Mary
143	March 2 Boston	March 2	Clarence A. Jessie	Boston Boston	25 20	Compositor at Home	Massachusetts Massachusetts	Clarence A. Henry W.	Elizabeth Mary A.	Clarence A. Henry W.	Jessie Mary A.
144	March 3 Boston	March 3	Thomas Margaret A.	Boston Boston	25 20	Compositor at Home	Massachusetts Ireland	Thomas Thomas	Elizabeth Mary	Thomas Thomas	Margaret A. Mary

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 Questions

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

- Hannah Ball died 8 May 1788 aged 2 years 2 months
- We can get a *calculated* date of birth from this headstone (secondary information)



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 <u>1874</u> 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. T. 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>55</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 <u>her</u> 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 3 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</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>					

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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.

READ
 INSTRUCTIONS

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 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 _____

4. Sex F race W
 5. Color or _____
 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 _____)

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) _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

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

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) _____
(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

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 W 6. (a) Single, widowed, married, divorced Widowed

4. Sex F 6. (b) Name of husband or wife George Taylor Plowman 6. (c) Age of husband or wife if alive 30 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 _____

12. 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)

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 X B30
Of autopsy X 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? X
(Specify type of place)

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

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

-10-

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

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.

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

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)

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

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

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

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

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? _____

23. Signature J. D. Schill (M. D. or other)

Address Schenley apt

Date signed 2/4/47

12 days

1 yr.

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

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.

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. Social Security None

11. Widowed, married, Widowed

20. Date of death: Month Feb. year 1947 hour minute

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

12. Name Rev. Newton Hervey Bell

13. Birthplace Iowa

14. Maiden name Emma Hall Curtis

15. Birthplace New York

(City, town, or county) (State or foreign country)

(City, town, or county) (State or foreign country)

(City, town, or county) (State or foreign country)

(c) Place Homewood County Allegheny State Penna.

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)

While at work? _____

23. Signature J. D. Schill (M. D. or other)

Address Schenley apt Date signed 2/11/47

MEDICAL CERTIFICATION

Immediate cause of death
Cerebral hemorrhage

Left Hemiplegia

Due to Hypertension

Due to (From history)

12 days

1 yr.

Date of Birth

Date of Death

Parents

Name of Spouse

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
 (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 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 2/5 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 Months Days
 72 8 5
 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. 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
 5. (b) Name of husband or wife George Taylor Plowman 5. (c) Age of husband or wife if alive 30 years
 1874

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

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

2/5 11:55 PM

Date of Birth

Date of Death

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
 1874

Parents

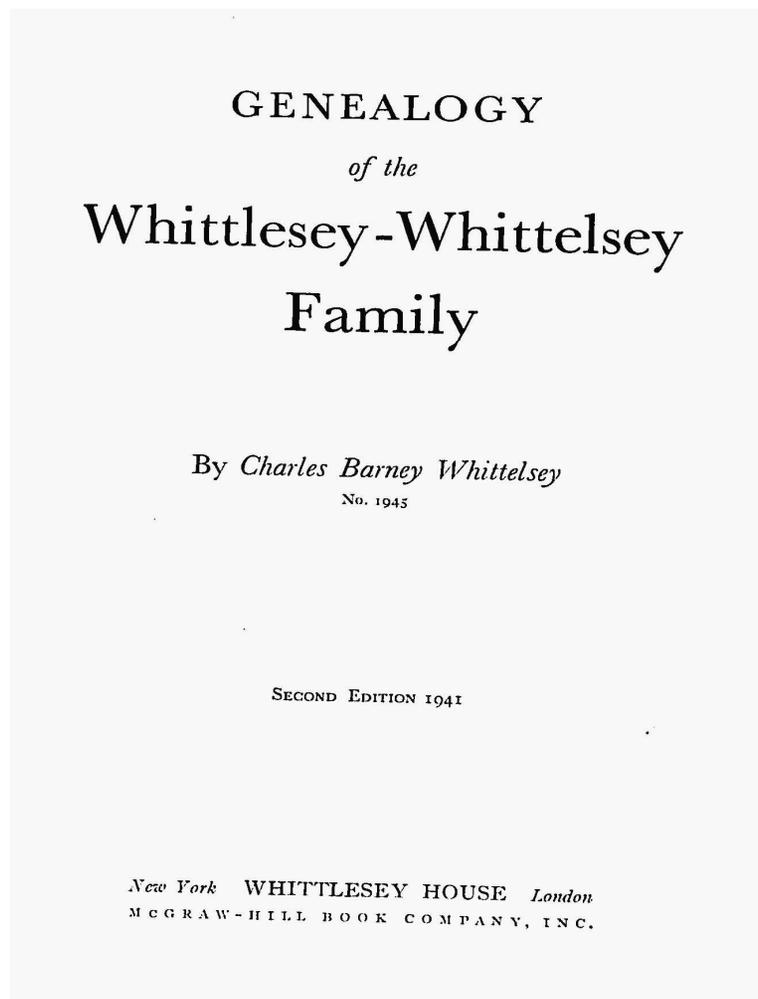
MOTHER FATHER
 12. Name Rev. Newton Hervey Bell
 13. Birthplace Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Hall Curtis
 15. Birthplace New York
 (City, town, or county) (State or foreign country)

Cause of Death

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

Let's look at Document B – Published Genealogy

Original, Derivative, or Authored?



128

WHITTLESEY GENEALOGY.

- 312^a MARY ANN.
312^b JOHN, b. Mar. 9, 1785.
312^c WILLIAM, b. April 5, 1787.

313. DOLLY COGSWELL (Anna^{12a}, Eliphalet⁴¹, Eliphalet⁹, John¹), b. May 22, 1767; m. Stephen Branch; she died July 20, 1802. They resided near Bennington, Vt.

Their children were :

- 313^a DOLLY.
313^b CLARISSA.
313^c STEPHEN.

MEMORANDA.

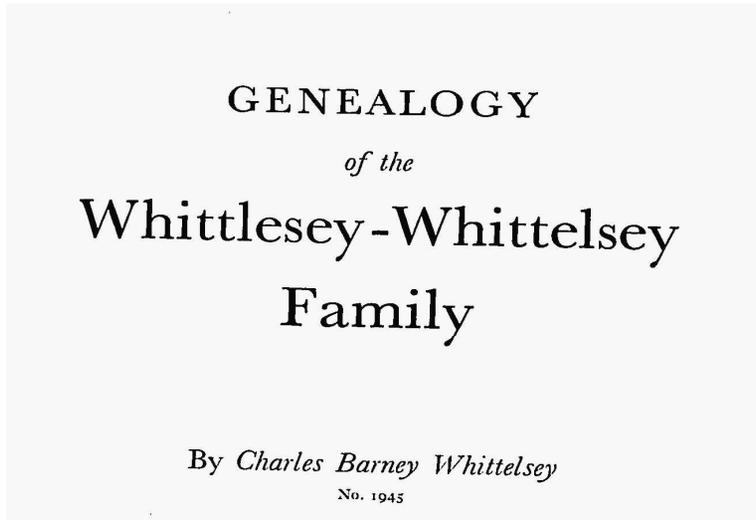
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Their children were :

- i MARY ANN, b. Jan. 6, 1792; m. Sept. 12, 1816, John Milton Holley.
- ii AMARYLLIS, b. Sept. 24, 1793; m. Mar. 23, 1818, Chauncey Perry.
- iii RUTH, b. Aug. 24, 1795; m. Oct. 8, 1828, Dr. Jethro Hatch.
- iv SARAH JOHNSON, b. Sept. 26, 1797; m. Sept. 15, 1818, Luman Whittlesey, No. 633.
- v WILLIAM JOHNSON, b. Nov. 4, 1799; m. June 12, 1839, Alma Canfield Sterling.
- vi THEODORE SEDGWICK, b. April 27, 1801; m. Oct. 19, 1826, Mary Morcia Maria Gregory.
- vii ELIZA, b. May 1, 1803; m. Jan. 12, 1829, William H. Downes.
- viii JULIA MARIA, b. Feb. 16, 1805; m. 1824, Romanta Seymour.
- ix FANNY ABIGAIL, b. Feb. 16, 1809; m. Oct. 8, 1828, Dr. Mark Pratt.

When Was the Record Created?



Publication Date of Source NOT the same as when the individual record was created



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Who Provided the Information?

GENEALOGY
of the
 Whittlesey-Whittelsey
 Family
 Whittelsey

By Charles Barney Whittelsey
 No. 1945

Author is not the same a person who provided information about William Cogswell – Don't know who provided the information.

By Charles Barney Whittelsey
 No. 1945

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Genealogical Information?

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Wife

Family

(Anna^m, Eliphalet^d, Eliphalet^d, Johnⁿ) m. Amaryllis Johnson (a sister of Roger's wife). b. Feb. 20, 1765, in Salisbury, Conn.

Date of death

No. 1945

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SECOND EDITION 1941

New York
MCGRAW

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Children and dates

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- Hatch.
- Luman Whittlesey.
- Alma Canfield
- 1826, Mary Morcia
- Downes.
- ymour.
- Mark Pratt.

Information Primary, Secondary, Unknown?

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1826, Mary Morcia
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ymour.
Mark Pratt.

Group Activity: Record Analysis

Activity Questions

Are you looking at an original or derivative source?	
When was the record created in relation to the event it is capturing?	
Who provided the information? A participant? Someone else?	
What genealogical information is in the record?	
Which information is primary (firsthand knowledge) and which is secondary (secondhand knowledge)?	