MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE 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.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFA
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 4 1925
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Registration District No. 6
(No. St.)

State File No. 51448
Local Registrar's No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Catherine Hough

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
fem.	white	widow

6. DATE OF BIRTH: May 13 1846 (Month) (Day) (Year)

7. AGE: 79 Yrs. 4 Mos. 14 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

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

9. BIRTHPLACE (State or Country): Ontario Canada

10. NAME OF Father: Antonie Currier

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Doris

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph E. Mogache
(Address) Emmett Idaho

15. Filed 9/30 1925 J. H. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 27 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1925, to Sept 26 1925, that I last saw her alive on Sept 26 1925, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
~~Chronic Nephritis~~
Angina Pectoris

(Duration) several yrs. mos. ds.
Contributory (Secondary) Chronic Nephritis
(Duration) several yrs. mos. ds.

(Signed) R N Cummings M. D.
9/30 1925 (Address) Emmett

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Emmett Idaho	9/30 1925

20. UNDERTAKER	ADDRESS
C D Buckmund	Emmett Idaho