

STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545
July 1985 to December 1985 Rock County, Wisconsin Deaths (0001 - 0560)
Vol. 152, Local Filing No. 0333

HATTIE MARGARET ROTH

TRANSCRIBED

1. Decedent Name: Hattie Margaret Roth
2. Sex: F
3. Date of Death: October 20, 1985
4. Race: White
5. Age: Years: 81
6. Date of Birth: May 17, 1904
7. a) County of Death: Rock b) Inside City or Village Limits: No
8. State of Birth: Wisconsin
9. Citizen of What Country: U.S.A.
10. Married, Separated, Divorced, Never Married, or Widowed: Widowed
11. Surviving Spouse: None
12. Was Deceased Ever in the U.S. Armed Forces? No
13. Social Security Number: 392-01-4301
14. a) Usual Occupation: Switchboard Opr. (ret.) b) Kind of Business or Industry: Hospital
15. Residence: a) State: Wisconsin b) County: Rock
c) City, Village or Township of Residence: Town of Janesville
d) Inside City, Village or Town Limits? No
e) Street and Number? P.O. Box 351, Janesville, WI 53545
16. Father-Name: Ernest Bluhm
17. Mother-Maiden Name: Cora Lawrence
18. a) Informant-Name: Rheta Nelson
b) Mailing Address: 4316 Galaxy Drive, Janesville, Wisconsin 53545
19. a) Burial, Cremation, Entombment, or Removal: Burial
b) Cemetery or Crematory Name: Oak Hill Cemetery
c) Location: Janesville, Wisconsin
20. a) Funeral Service Licensee or Person Acting as Such: E. J. Overton
b) Name of Facility: Overton Funeral Home
c) Funeral Director License No.: 743
d) Address of Facility: 15 North Jackson St., Janesville, WI 53545
e) Date Signed by Funeral Service Licensee: October 22, 1985
21. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. a) Signature and Title: William A. Flader, M.D.
b) Date Signed: 10-21-85 c) Hour of Death: 12:45 p.m.
22. Medical Examiner or Coroner: ----
23. Name and Address of Certifier: William A. Flader, M.D., P.O. Box 351, Janesville, WI 53547-0351
24. a) Registrar Signature: Esther A. Gage, Reg. of Deeds b) Date Received by Registrar: Oct. 22, 1985
25. Cause of Death—Part I: Death Was Caused By:
a) Immediate Cause: Acute Persistent Emesis – 24 Hours
b) Due To: Inanition – Months
b) Due To: Breast Cancer Metastatic to Lung – 4 Months
Part II: Other Significant Conditions: Primary Degenerative Dementia; Hypothyroidism
26. Was Autopsy Performed? No
27. Medical Examiner or Coroner Notified? No
28. Accident or Injury: ----