

Oath to Report of ~~Births~~ and Deaths.

The State of Ohio, Laurium County, ss.
E. E. Miller Assessor of Rome Township,

in said County, do solemnly swear that I have made diligent inquiry in order to obtain the number of births and deaths in said Township and that the foregoing is a full and correct report of the same for the year ending March 31st, 1904, as I verily believe.

E. E. Miller Assessor.

Sworn to before me and signed in my presence, this 17th day of May 1904

Howell G. Hopkins Probate Judge.

DEATHS IN *Rome Township LaBelle Prec*

IN

Laurens

N. B.—Be careful to leave a space of two or three lines between names beginning with different letters, so that any name accidentally omitted may be supplied.

No. Consecutively.	NAME IN FULL. (Must be Returned Alphabetically.)	Sex	Date of Death			Condition			Age			PLACE OF DEATH	PLACE OF BIRTH	OCCUPATION	Neither Name of Parent FATHER'S
			Males	Year	Mo.	Day	M'd	Sing	Wid	Y'r	Mo.				
	Bray of Emory J														
	Branner Ringal Branner Andrew	Male	1903	10	22		Sing		11	1	LaBelle	LaBelle			
	Carpenter Hyatt	Male	1904	Feb	16		wid		83	2	LaBelle	U. V. A	Farmer		
	Gardner G. W. W. W.	Male	1903	July	13		Sing		17	4	3	I. L.	LaBelle	Farmer	
	Goff Thomas	Male	1903	10	9		Sing		75			LaBelle	Old U. V. A	Farmer	
	Peters Harry	Male	1904	March	4		Sing		1			LaBelle	LaBelle		

ENTER ONLY NAMES on this page. There are other pages especially for Females. This arrangement of this column protected by application for patent. Thus the summary will be much easier to make.

H. Currier

COUNTY, OHIO, FOR THE YEAR ENDING MARCH 31ST, A. D. 190

BIRTH	OCCUPATION	Neither Name of Parent should be reported unless Decedent is an infant without Name.		Color.		DISEASE OR CAUSE OF DEATH	PLACE OF RESIDENCE	VITAL STATISTICS		
		FATHER'S NAME	MOTHER'S MAIDEN NAME	White	Col.			Class	Sub Class	No.
<i>ll</i>				<i>white</i>		<i>Brain Fever</i>	<i>Loa Belle</i>			
<i>ll</i>	<i>Farmer</i>			<i>white</i>		<i>Paralysis</i>	<i>Loa Belle</i>			
<i>ll</i>	<i>Farmer</i>			<i>white</i>		<i>Pneumonia</i>	<i>Loa Belle</i>			
<i>V. A.</i>	<i>Farmer</i>			<i>white</i>		<i>Bright Jaundice</i>	<i>Loa Belle</i>			
<i>ll</i>				<i>Col</i>		<i>Trouble Stomach</i>	<i>Loa Belle</i>			

DEATHS IN Rome Township LaBelle Prec

IN

Lawrence

Copyright 1900, by D. D. CLARKE

No. Consecutively.	NAME IN FULL. (Must be Returned Alphabetically.)	Sex	Date of Death			Condition			Age			PLACE OF DEATH	PLACE OF BIRTH	OCCUPATION	Neither Name of Parent FATHER
			Year	Mo.	Day	M'd	Sing	Wid	Yr	Mo.	Day				
	Bragg Emily Bremer's aunt	Female	1904	March	11	md			50	8	4	LaBelle	LaBelle	" "	
		Female	1904	Apr	3		Sing				16	LaBelle	LaBelle		
	Gardner Nancy	Female	1904	May	18	md			73	4	3	LaBelle	Jackson Ill	Farmer	
	Tull Edith.	Female	1903	Nov	10		Sing		19	10	24	LaBelle	LaBelle		

N. B.—Be careful to leave a space of two or three lines between names beginning with different letters, so that any name accidentally omitted may be supplied.

ENTER ONLY FEMALES on this page. There are other pages especially for Males. This arrangement of this column prevented by application for patent

THESE SUMMARS will be much easier to make.

Lawrence

COUNTY, OHIO, FOR THE YEAR ENDING MARCH 31ST, A. D. 190

SEX	OCCUPATION	Neither Name of Parent should be reported unless Decedent is an Infant without Name.		Color.		DISEASE OR CAUSE OF DEATH	PLACE OF RESIDENCE	VITAL STATISTICS		
		FATHER'S NAME	MOTHER'S MAIDEN NAME	White	Col.			Class	Sub Class	No.
<i>U</i>	<i>" "</i>			<i>white</i>		<i>Pneumonia</i>	<i>LoaBelle</i>			
<i>U</i>				<i>white</i>		<i>Heart Trouble</i>	<i>LoaBelle</i>			
<i>U</i>	<i>Plumber</i>			<i>white</i>		<i>Pneumonia</i>	<i>LoaBelle</i>			
<i>U</i>				<i>white</i>		<i>Burn Scald</i>	<i>LoaBelle</i>			

[Handwritten signature]

STATEMENT OF DEATHS.

In Revere Township.

By Harry Marks Assessor.

For the year ending March 31, 1905

JOHNSON & WATSON,

Blank Book Manufacturers, Printers, Stationers and Legal Blank
Publishers. Dayton, Ohio.

[Handwritten signature]

The State of Ohio, Lanua County, ss:

I, Harry Marks Assessor of Rane Township,
in said County, do solemnly swear that I have made diligent inquiry in every
family in said Township, and that the following is a correct report of the Deaths for the
year ending March 31st, 1905

Harry Marks Assessor.

Sworn to and subscribed before me, this 18 day of May 1905

Richard W. G. v. l. Probate Judge.

By Paul Willis, Dpty. Clk

NAME OF PARENTS WHEN AN INFANT WITHOUT NAME		COLOR		DISEASES Direct or Indirect Cause of Death	PLACE OF RESIDENCE	Class	Sub- Class	Number	BY WHOM REPORTED
FATHER	MOTHER'S MAIDEN NAME	White	Col'd						
				Lung Trouble	Rome Township				
				Catarrah	Rome Township				
				Heart Disease	La Belle precinct Rome Tp				
				Old Age	La Belle precinct Rome Tp				
				Suicide	La Belle precinct Rome Tp				
				Lung Trouble	La Belle precinct R Tp				
				Old Age	La Belle precinct Rome Tp				
				Rheumatism	La Belle precinct Rome Tp				
				Written on June 8 th in reference to Color of above.					
				F.W.					

STATEMENT OF DEATHS.

In Rome Township.

By J. C. Neff Assessor.

For the year ending March 31, 1908

JOHNSON & WATSON,

Blank Book Manufacturers, Printers, Stationers and Legal Blank
Publishers, Dayton, Ohio.

No.	NAME IN FULL	SEX		DATE OF DEATH			CONDITION			AGE			PLACE OF DEATH	PLACE OF BIRTH	Occupation	
		M	F	Year	Month	Day	Mar'd	Single	Wid'd	Year	M'th	Day				
✓ 1	Carpenter Elmer	M		1908	Feb	25						12	Rome	Rome		
✓ 2	Guthrie G. M.	"		1907	June	29	Yes				55	2	5	"	"	Farmer
✓ 3	Kyle V.	"		1908	Feb	27	"				24	2	4	"	"	Laborer
✓ 4	M ^r Call G. A.		F	1908	May	3	"				68	4	7	"	"	Farmer
✓ 5	Ward Jasper	"		1907	Aug	17	"				30	6	15	Labelle Ore	"	"
✓ 6	Wilson Jacob	"		1907	Oct	14	"				62	4	7	" "	Noble Co	"
✓ 7	Wyatt Emily		F	1908	May	8	"				42	8	1	" "	Rome Tp.	"
✓ 8	Morrison A. D.	M.		1908	Apr	17	"				55			" "	Rome Tp.	"

NAME OF PARENTS WHEN AN INFANT WITHOUT NAME		COLOR		DISEASES Direct or Indirect Cause of Death	PLACE OF RESIDENCE	Class	Sub- Class	Number	BY WHOM REPORTED
FATHER	MOTHER'S MAIDEN NAME	White	Col'd						
John H. John	Sarah Turner	W		Croup	Rome Tp	I	1	4	Carpenter J H
		"		Cancer	" "	II	1	3	Sydney Mary
		"		Consumption	" "	II	2	1	Sam Kyle
		"		Cancer	" "	II	1	3	Fanny Margaret
		"		Consumption	" "	II	2	1	Ward Frank
		"		Cancer	" "	II	1	3	Wife
			Col.	Diabetes	" "	II	1	4	Wyatt Ralph
		W.		Congestion of Brain	" "				Hunt Dr

STATEMENT OF DEATHS.

In *Labree Precinct Rome* Township.

By _____ Assessor.

For the year ending March 31, 1908

JOHNSON & WATSON,

Blank Book Manufacturers, Printers, Stationers and Legal Blank
Publishers. Dayton, Ohio.

No.	NAME IN FULL	SEX		DATE OF DEATH			CONDITION			AGE			PLACE OF DEATH	PLACE OF BIRTH	Occupation	
		M	F	Year	Month	Day	Mar'd	Single	Wid'd	Year	M'th	Day				
✓ 1	Clark Neby		1	1908	12	19	1					64		Rome Tp. Law. C.	Tennessee	
✓ 2	Neff Jane		1	"	10	7	1			1		81		LaBelle O.	LaBelle Ohio	

NAME OF PARENTS WHEN AN INFANT WITHOUT NAME		COLOR		DISEASES Direct or Indirect Cause of Death	PLACE OF RESIDENCE	Class	Sub- Class	Number	BY WHOM REPORTED
FATHER	MOTHER'S MAIDEN NAME	White.	Col'd.						
<i>Ellis Hiram</i> <i>Ellis Hiram</i>	<i>Gillett Harrett</i> <i>Gillett Harrett</i>	<i>1</i>		<i>Neuraglia</i> <i>Cancer</i>	<i>Labelle</i>				