

#196

Marlene E. Lovell

16592 E. Crestline Pl

Aurora, Colo. 80015

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Aurora, Colo. 80015  
September 20, 1987

Mrs. Francis Hixon  
3289 Petersburg Rd.  
Jackson, Ohio 45640

Dear Mrs. Hixon:

Am I spelling your first name correctly? My son's middle name is Francis with an "i" and so perhaps Francis is your husband's name. Please let me know if I've been misspelling.

Enclosed is a copy of Hannah Cordelia McLin's death certificate. The informant was her only daughter. There are several errors: 1. Her father's name was John McLin (Henry was the name of her mother's father, i.e., Henry Ewing). 2. Her mother's name was Rachel Emma Ewing. 3. The birthplace of "Rollins Co." is not the name of an Ohio County.

Would you please look in Ross County, Ohio, for the birth of the two McLin girls? If they aren't there, do you have any ideas of where to look? I looked in an atlas and found a "Reyland" over near West Virginia. Susan Martha Ewing Beshore (Rachel's sister) lived in Mingo, Lee Township, West Virginia, but not until long after Rachel left the area. There is also a "Rawson." I looked for misspellings, such as "Wrawlings" but I never came up with anything. I will try to get the newspaper obituary of Hannah from the Colorado State Historical Society and see if it contains any different information.

I have the death certificate of Francis Eva McLin Owens which was filled out by her husband who was born in Jackson. He says her birthplace was Jackson, Ohio! However, his mother was Rachel's sister Mary Ellen Ewing Owens and yet he says name of father was John McLuice and maiden name of mother was Emma McLeveon! I will try to get the newspaper obituary from the Nebraska Historical Society to see if it contains any different information. The inaccuracy of vital records never ceases to amaze me!

Yours very truly,

*Marlene E. Lovell*

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AUG 31 1987

COLORADO DEPARTMENT  
 OF HEALTH  
 DENVER, COLORADO

Kristin M Paulson  
 STATE REGISTRAR

DEPT. OF COMMERCE  
 BUREAU OF THE CENSUS

STATE OF COLORADO  
 STANDARD CERTIFICATE OF DEATH  
 BUREAU OF VITAL STATISTICS

State File No. 5048  
 Registrar's No. 24 Dist. 247

Form V-8 No. 14

1. PLACE OF DEATH:

(a) County Yuma  
 (b) City or town Rural  
 (c) Name of hospital or institution:  
7 mi. NW of Beecher Island  
 (d) Length of stay: In hospital or institution 32 years  
 In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Colo. (b) County Yuma  
 (c) City or town Rural  
 (d) Street No. 7 mi. NW of Beecher  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3(a) FULL NAME Mannah Cordelia Mann

3(b) If veteran, name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife Don Mann 6(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 15 1870

8. AGE: Years 71 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rollins Co., N.W. Ohio

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry McLin

13. Birthplace Ohio

14. Maiden name Summer Ewing

15. Birthplace Unknown

16(a) Informant's own signature Lola Haskell

(b) Address Wray, Colo.

17(a) burial (b) Date thereof 5-17-41

(c) Place: burial or cremation Armel, Colo.

18(a) Signature of funeral director Hitchcock Funeral Home

(b) Address Wray, Colo.

19(a) May 16-41 (b) M. J. Lawson

MEDICAL CERTIFICATION

20. Date of death: Month May day 15  
 year 1941 hour 1 minute 15 A.M. P.M.

21. I hereby certify that I attended the deceased from Feb. 17 1941 to May 15 1941 that I last saw h.e. alive on April 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 21 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis

Major find hypertension

Of opera. \_\_\_\_\_

Of autopsy not done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. D. Paulson (M. D. or other) M.D.

Address Wray, Colo. Date signed 5-16-41

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