STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

8110 53216

1 PLACE OF DEATH
County Cuyahoga Registration District No. File No.
Township Primary Registration District No. Registered No. 7588
or Village No. Cleveland City Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cleveland
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Ardner, Joe
Did Deceased Serve in U. S. Navy or Army No
(a) Residence. No. 7918 Madison Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Ardner
6. DATE OF BIRTH (month, day, and year): February 29, 1858
7. AGE: Years 77 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper*, etc.: Stage man
9. Industry or business in which work was done, as *silk mill, saw mill, bank*, etc.: Theater
10. Date deceased last worked at this occupation (month and year): September 13, 1935
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Mount Vernon Ohio

FATHER
13. NAME: Jacob Ardner
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. The Signature of INFORMANT and (Address): x Miss Jessie Taylor 7918 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Date 9. 18. 1935

19. FUNERAL DIRECTOR (Address): Bickley Young Lic. No. 2068 1795 Crawford Rd
19a. Was body embalmed: yes Embalmer's Lic. No. 12174

20. FILED SEP 17 '35, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1935, to 9-15, 1935,
I last saw him alive on 9-15-, 1935, death is said to have occurred on the date stated above at 7:55 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: (Date of onset)
1. Confluent bronchopneumonia
2. Cardiac failure
1070
Onset: Undetermined

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No accident Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Wm Martin, M. D.
Date 9/15 1935 Address City Hospital

OCCUPATION is very important. See instructions on back of certificate.