

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of RichlandTownship of Registration District No. 113 File No. 56181Village of Primary Registration District No. 8420 Registered No. 264City of Mansfield (No. 182 North Main St., St., Ward)
 If death occurred in a hospital or institution, give its NAME instead of street and number.2 FULL NAME Earnest Joseph Bean

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married6 DATE OF BIRTH March 17th, 1867, 1
(Month) (Day) (Year)7 AGE 61 yrs. 6 mos. 25 ds. If LESS than 1 day, hr. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer) City of Mansfield9 BIRTHPLACE (State or country) Mansfield Ohio,10 NAME OF FATHER Earnest Bean11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Mary Elizabeth Woerth13 BIRTHPLACE OF MOTHER (State or country) Germany14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Katie Bean(Address) Mansfield Ohio,15 Filed Sept. 14, 1918 L. O. Bass Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 12, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 5, 1918, to Sept 12, 1918, that I last saw him alive on Sept 12, 1918 and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH* was as follows:Carcinoma of the Pancreas

Contributory (SECONDARY)

(Duration) yrs. mos. ds.
(Signed) Wm. Conrad M. D. Sept 12, 1918 (Address) Mansfield Ohio

*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 yrs. mos. ds. 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 Mansfield Cemetery DATE OF BURIAL Sept 16, 191820 UNDERTAKER A. D. Rinn ADDRESS Mansfield Ohio

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.

EVERYTHING LIVE—THIS IS A PERMANENT RECORD