

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security
No. 248-09-1048
File No. 24782881

1 PLACE OF DEATH

County _____ Registration District No. 783 File No. _____
Township _____ Primary Registration District No. 5-193 Registered No. 89
or Village _____ No. _____ St., _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its Name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME

(a) Residence. No. 17 _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Did Deceased Serve in U. S. Navy or Army _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR or RACE _____ 5. SINGLE, MARRIED, Write the word Widowed or Divorced Single

5a. If Married, Widowed, or Divorced Husband of (or) Wife of _____

6. DATE OF BIRTH (month, day, and year) Feb 25, 1888

7. AGE (years) Months Days If 1888 then 1 day or _____ mos. _____ yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. The Signature of INFORMANT Mary Berney and (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____

19. FUNERAL FIRM Waltchick

19a. BURIED BY _____ Address _____

19b. EMBALMER _____

20. FILED Dec. 5 - 1942 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw him alive on _____ 19 _____, death is held to have occurred on the date stated above at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Fractured of skull and internal injuries
1909

CONTRIBUTORY CAUSES of importance not related to principal cause:

Auto accident struck by train

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? Madison Ave. Ohio (Specify city or town, county, and State)

Specify whether injury occurred in _____, in home, or in public place. Public Place

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

We have been informed by _____
1-30-1942 Address _____

THIS IS IMPORTANT TO YOU

V-8-11