

DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF HEALTH  
BUREAU OF VITAL STATISTICS  
CITY OF CLEVELAND  
STATE OF OHIO

~~XXXXXXXXXX~~  
ONE DOLLAR

Copy of Death Certificate  
REGISTRATION DISTRICT No. 8116

Registered No. \_\_\_\_\_

1 PLACE OF DEATH

County of Cuyahoga, City of Cleveland, No. 121 Central Street  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Simon D. Ballas Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. 121 Central St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If non-resident 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) Single

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46yrs.

OCCUPATION 8. Trade, profession, or particular kind of work done as a SPINNER, SAWYER, BOOKKEEPER, etc. Mechanic  
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) England

FATHER 13. NAME \_\_\_\_\_  
14. BIRTHPLACE (city or town) (State or country) England

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT \_\_\_\_\_ The Signature of \_\_\_\_\_ and (Address) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Date \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL FIRM Jennings & Has

19a. BURIED BY \_\_\_\_\_ Lic. No. \_\_\_\_\_ Address \_\_\_\_\_

19b. EMBALMER \_\_\_\_\_ Lic. No. \_\_\_\_\_

20. FILED in order, 19 08 E. A. Fern Registrar.

Medical Certificate of Death

21. DATE OF DEATH (month, day, and year) 1-11, 1908

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said 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:

	Date of Onset
<u>Pneumonia</u>	<u>5 Wks.</u>
_____	_____
_____	_____
_____	_____
_____	_____

CONTRIBUTORY CAUSES of importance not related to principal causes:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ 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?

If so, specify \_\_\_\_\_  
(Signed) W. F. Hribal M. D.

Date \_\_\_\_\_ 19 \_\_\_\_\_ Address \_\_\_\_\_