

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security  
No. *None* **28156**

1 PLACE OF DEATH  
County *Licking* Registration District No. *716* File No. ....  
Township ..... Primary Registration District No. *2766* Registered No. *7*  
or Village *Utica* 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 ..... ft. How long in U. S., if of foreign birth? ..... ft.  
2 FULL NAME *CLIFTON B. CURTIS* Did Deceased Serve in U. S. Navy or Army *No*  
(a) Residence. No. *Utica 0* St. .... Ward *MAY 1943*  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR or RACE *White* 5. SINGLE, MARRIED, Widowed or Divorced *Married*  
6. DATE OF BIRTH (month, day, and year) *7-3-1881*  
7. AGE (years) Months Days If LESS than 1 day ..... hrs. or ..... min. *61 9 20*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Automobile Dealer*  
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) *Delaware Ohio*

13. NAME *Albert Curtis*  
14. BIRTHPLACE (city or town) (State or country) *W. Va.*  
15. MAIDEN NAME *Florence Westhall*  
16. BIRTHPLACE (city or town) (State or country) *W. Va.*  
17. The Signature of INFORMANT and (Address) *Florence Curtis Utica O*

18. BURIAL, CREMATION, OR REMOVAL  
Place *Oak Grove* Date *4-26-1943*  
19. FUNERAL FIRM *Ramsay Moha*  
19a. BURIED BY *E. F. Ramsay* Lic. No. *2299*  
Address *Delaware O*  
19b. EMBALMER *E. F. Ramsay* Lic. No. *4357*  
20. FILED *4/25 1943* *Upard* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *4/23 1943*  
22. I HERBY CERTIFY, That I attended deceased from *4/21* 19*43* to *4/23* 19*43*  
I last saw him/her alive on *4/22* 19*43*, death is said to have occurred on the date stated above at *5:50 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
*Coronary artery atherosclerosis*  
94A *4/22/43*

CONTRIBUTORY CAUSES of importance not related to principal cause:  
*Arteriosclerosis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *No*  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury .....  
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 *D. J. W. M. D.*  
(Signed) *D. J. W. M. D.*  
Date *4/23 1943* Address *Utica O*