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

1 PLACE OF DEATH

County Cuyahoga Registration District No. _____ File No. 1568
 Township _____ Primary Registration District No. _____ Registered No. 6211
 or Village _____ No. Lakeside 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 _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Henry H. Dunham Did Deceased Serve in U. S. Navy or Army No

(a) Residence. No. 2022 E-65th St. 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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Dunham

6. DATE OF BIRTH (month, day, and year) Jan 30 - 1877

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 56 11 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill of Cuyahoga

10. Date deceased last worked at this occupation (month and year) _____ 1. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pike Township (State or country) Ohio

13. NAME (M.T.) Dunham

14. BIRTHPLACE (city or town) Harper Ferry (State or country) Va

15. MAIDEN NAME Anna Louisa Milliron

16. BIRTHPLACE (city or town) Pettamouch (State or country) Ohio

17. INFORMANT The Signature of Mrs. Glen Dunham and (Address) 2032 N. High St. Col. O

18. BURIAL, CREMATION, OR REMOVAL Place Pike Township Date Jan 18, 1934

19. UNDERTAKER O. E. Rindelbier (Address) Columbus Ohio

19a. Was body embalmed Yes Embalmer's No. 4/016 A

20. FILE NO. 22-170-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1934 to 1-16, 1934
 I last saw him alive on 1-16, 1934 death is said to have occurred on the date stated above at 3:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Lobar pneumonia (R.L. lobe) 1/12/34
Arterial fibrillation

CONTRIBUTORY CAUSES of importance not related to principal cause: Generalized 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 _____, 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) O. E. Leonard M. D.
 Date 4/6, 1934 Address Lakeside Hosp.

OCCUPATION

MOTHER FATHER