

STATE OF OHIO
BUREAU OF VITAL STATISTICS4884
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hamilton Registration District No. 0001 File No. 0001Township Cincinnati Primary Registration District No. 0007 Registered No. 4877or Village Cincinnati No. St. Ward or City of Cincinnati (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Charles W. Eden(a) Residence. No. 322 W. 4th St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, Married, Widowed or Divorced (write the word) Married5a If married, widowed or divorced HUSBAND of (or) WIFE of Lidia B. Eden

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 65 Months 8 Days 29 If LESS than 1 day, hrs. or min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work R.R. Conductor(b) General nature of industry, business, or establishment in which employed (or employer) N.Y.C.

(c) Name of employer

9 BIRTHPLACE (city, or town) Lepington Ky (State or country)10 NAME OF FATHER Asa Eden11 BIRTHPLACE OF FATHER (city or town) Lepington Ky (State or country)12 MAIDEN NAME OF MOTHER Catherine Hayden13 BIRTHPLACE OF MOTHER (city or town) Ky (State or country)14 Informant Mrs Lidia B. Eden (Address) 322 W. 4th St.15 SEP 18, 1920 Cecilia Egan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 17 192017 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1920, to Sept 17, 1920that I last saw h.l.m. alive on Sept 17, 1920and that death occurred, on the date stated above, at 9:15 A.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia right(Apoplexy)(duration) 5 yrs. mos. ds.CONTRIBUTORY Arterio Sclerosis (SECONDARY)(duration) 5 yrs. mos. ds.18 Where was disease contracted Cincinnati Oh if not at place of death?Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis? Clinical Examin(Signed) Samuel H. Denton, M. D.(Address) 7 East 8th St Cincinnati, O.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Crematory DATE OF BURIAL Sept 20 192020 UNDERTAKER, License No. J. J. Bachel ADDRESS 652 State Ave