

OHIO DEPARTMENT OF HEALTH

Reg. Dist. No. 494
Primary Reg. Dist. No. 8227

COLUMBUS

CERTIFICATE OF DEATH

State File No. 9533
Registrar's No. 840

Department of Commerce - Bureau of the Census

1. PLACE OF DEATH: HAMILTON

(a) County HAMILTON

(b) CINCINNATI
(City, Village, Township)

(c) Name CINCINNATI GENERAL HOSPITAL
(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution _____ (Days)
In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County HAMILTON

(c) City or village CINCINNATI 23
(If outside city or village, write RURAL)

(d) Street No. 2217 Rice
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. NAME Cornelius Flynn
(a) if veteran, name war _____ (b) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 23, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 17 If less than one day hr. min.

MEDICAL CERTIFICATION

20. Date of death: Month Feb day 10
year 1947 hour 5 minute 30am

21. I hereby certify that I attended the deceased from Feb 2, 1947 to Feb 10, 1947
that I last saw him alive on Feb 10, 1947
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death Myocardial Infarction
Diverticulitis of
Bladder with Rupture

Due to _____

9. Birthplace Cincinnati
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Dennis Flynn

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Finucane.

15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

Due to Generalized Acute Peritonitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operation 1558-127

Major findings of autopsy See above

Underline the cause to which death should be charged statistically.

16. (a) Informant's signature Michael J. Flynn
(b) Address 2918 Hackberry St.

17. (a) Burial, cremation, or other; (b) Date 2/13/47
(Month) (Day) (Year)

(c) Place St. Jos. New.

(d) Robert Dhonau A1438
(Name of Embalmer) (Lic. No.)

18. (a) B. J. Sullivan 2050
(Signature of Funeral Director) (Lic. No.)

(b) Address 1336 E Mc Millan St.

19. (a) FEB 13 1947 (b) Grace Tolson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature R. T. Thompson
(Specify if Doctor of Medicine or Osteopath)

Address General Hosp. Date signed _____

DEPUTY