

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Ross Registration District No. 1132 File No. 25710053
Township _____ Primary Registration District No. 8430 Registered No. 148or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)or City of ChillicotheLength 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 Daniel S. Friend Did Deceased Serve in U. S. Navy or Army _____(a) Residence No. 109 E Water 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 Married6. If Married, Widowed, or Divorced Husband of (write name) Anna Enders7. DATE OF BIRTH (month, day, and year) 4-18-18738. AGE (years) Months Days 69 1 13
If LESS than 1 day _____ hrs. or _____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ball Player

11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Virginia (State or country) Ohio13. NAME Daniel Friend14. BIRTHPLACE (city or town) Ohio (State or country)15. MAIDEN NAME Melissa Van Huden16. BIRTHPLACE (city or town) Ohio (State or country)17. The Signature of Informant and (Address) Melissa Van Huden
Chillicothe, Ohio18. BURIAL, Cremation, or Disposal Place Greenlawn Date 6-3 194219. FUNERAL FIRM C. J. Moore & Son19a. BURIED BY C. J. Moore No. 1871
Address Chillicothe, Ohio19b. EMBALMER Gene S. Miller Lc. No. 327720. FILED June 3, 1942 E. R. Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-1, 194222. I HEREBY CERTIFY, That I attended deceased from March 26, 1942, to 6-1, 1942I last saw deceased alive on 6-1, 1942; death is said to have occurred on the date stated above at 10:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Chronic Valvular Heart Date of onset 5 yrs
Aortic Aneurysm 2 yrs
Atherosclerosis 10 yrs
etc

CONTRIBUTORY CAUSES of importance not related to principal cause:

Chronic nephritis 1 yr

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes 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? Yes

If so, specify _____

(Signed) John W. Frank M. D.
Date June 19 1942 Address _____