

1800

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

1 PLACE OF DEATH

County Lucas

Registration District No. 769

File No. 19604

Township

Primary Registration District No. 8344

Registered No. 795

or Village

No. Flower Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of Toledo

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 Charles Turner

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. 215 Casadena Blvd. Washington St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE W. 5. SINGLE, MARRIED, Write the word Widowed or Divorced Widowed

5a. If Married, Widowed or Divorced Husband of (or) Wife of Aileen Williams

6. DATE OF BIRTH (month, day, and year) 3-30-1887

7. AGE (years) Months Days If LESS than 1 day or _____ min. 0777

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Detroit Toledo Road
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) Switzerland

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Elizabeth Hellman

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT The Signature of Ralph J. Hoover and (Address) Box H. B. 2061

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Ch. Date May 4 1937

19. FUNERAL FIRM N. W. DeWitt

19a. BURIED BY A. B. DeWitt Lias No. 3464
Address 1003 Broadway

19b. EMBALMER A. B. DeWitt Lic. No. 328

20. FILED 3 1937 3 _____
Registry

40 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from As Coroner, 1937, to _____, 1937.

I last saw him alive on _____, 1937, death is said to have occurred on the date stated above at _____ m.

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

Pulmonary Abscess on the right
Confluent bronchopneumonia
Edema of the Brain
Necrosis of the Cerebellum

CONTRIBUTORY CAUSES of importance not related to principal cause:

fractured 1-6-7 cervical vertebrae

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 2-25, 1937

Where did injury occur? Lucas County, Ohio
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
public place

Manner of injury _____
Nature of injury Auto-Train Accident

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Wm. H. Shapiro, M. D.

Date 3-3 1937 Address 1502 Jackson

See instructions on back of certificate.