

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Franklin

Registration District No. 792

No. none
File No. 10262

Township

Primary Registration District No. 8187

Registered No. 10262

or Village Columbers
or City of

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

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 James Edward Handiboe

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. 374 - N Washington St. W. Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>Married</u>
5a. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Anna B Handiboe</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 19, 1876</u>		
7. AGE (years) (Months) (Days) <u>76 3 19</u> If LEES than 1 day _____ hrs. _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-8-1942

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1922 to 11/8 1942

I last saw him alive on 11/7 1942, death is said to have occurred on the date stated above at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Arteriosclerosis, myocardial degeneration, arteriosclerosis

Date of onset _____
137A

CONTRIBUTORY CAUSES of importance not related to principal cause:
8. vertebrae hypertrophy

OCCUPATION

Father
Mother

12. BIRTHPLACE (city or town) (State or country) <u>Columbers Ohio</u>
13. NAME <u>Nicholas Handiboe</u>
14. BIRTHPLACE (city or town) (State or country) <u>Penn</u>
15. MAIDEN NAME <u>Bridget Benson</u>
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>

Name of operating hospital Date of 4/24/42
What test confirmed diagnosis? skin test 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 _____

17. THE SIGNATURE OF Anna B Handiboe
INFORMANT (and Address) 374 - N Washington

18. BURIAL, CREMATION, OR REMOVAL
Place St Josephs Date 11-11-1942

19. FUNERAL FIRM Wagon and Co

19a. BURIED BY St Josephs No. 1520
Address 403 - E. Broadway St.

19b. EMBALMER Wagon and Co Lic. No. 39682

20. FILED 11-8-1942 J. Herbert Miller
Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Wagon and Co

Date 11/9 1942 Address 265 N Washington St.