

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 654Primary Reg. Dist. No. 8278State File No. 56958Registrar's No. 431

## 1. PLACE OF DEATH:

(a) County Jefferson

(b) Steubenville  
(City, Village, Township)

(c) Name of hospital or institution:  
303 Summit Ave.  
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Days)  
In this community 67 yrs. (Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Jefferson

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

(d) Street No. 303 Summit Ave.  
(If rural, give location)

(c) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. NAME Harry Hardy

(a) If veteran, name war \_\_\_\_\_ (b) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Pearl Colton 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 5 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 29 hr. min.

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

10. Usual occupation Policeman

11. Industry or business Wheeling Steel Corp.

12. Name Robert Hardy

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

14. Maiden name Mary Jane Price

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

16. (a) Informant's signature Mrs. Lillian Kell

(b) Address 303 Summit Ave

17. (a) Burial, cremation, or other; (b) Date Sept. 8, 1943

(c) Place Union Cemetery  
(Month) (Day) (Year)

(d) T. Chandler 4422A  
(Name of Embalmer) (Lic. No.)

18. (a) W. C. McLean 93  
(Signature of Funeral Director) (Lic. No.)

(b) Address 111 N. 4th St., Steubenville

19. (a) 9-9-1943 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Sept day 4  
year 1943 hour 12 minute 30 pm

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_:  
that I last saw h\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_:  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction bleed

Due to arteriosclerosis when called

Due to 93E

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Major findings of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (c) How did injury occur? \_\_\_\_\_

23. Signature Ray F. Lee, coroner  
(Specify if Doctor of Medicine or Osteopathy)

Date signed Sept. 6-43

Mother

V.S. 11