

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

1 PLACE OF DEATH

County Washington Registration District No. 1348 File No. 13960
Township..... Primary Registration District No. 8535 Registered No. 33

or Village..... No..... St..... Ward.....
or City of Marietta Ohio (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 Frank M Jones Did Deceased Serve in U. S. Navy or Army.....

(a) Residence. No. 573 Dept St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mattie Jones

6. DATE OF BIRTH (month, day, and year) Aug 25 1859

7. AGE Years 76 Months 5 Days 8 If LESS than 1 day,..... hrs. or..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Princeton Ill. (State or country)

FATHER 13. NAME Joseph Jones

14. BIRTHPLACE (city or town) Princeton Ill. (State or country)

MOTHER 15. MAIDEN NAME Proye Waterman

16. BIRTHPLACE (city or town) Princeton Ill. (State or country)

17. INFORMANT The Signature of Mrs Mattie Jones and (Address) Marietta Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Valley Cem Date 2/4 1936

19. FUNERAL DIRECTOR Dan Blantly Lic. No. 431 (Address)

19a. Was body embalmed..... Embalmers' Lic. No. 183A

20. FILED 2-6 1936 Kate Roca Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1936

I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 29 1936
I last saw him alive on Jan 29 1936 death is said to have occurred on the date stated above 9:30 A.M.

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

Apoplexy
grip

CONTRIBUTORY CAUSES of importance not related to principal cause:

Arteriosclerosis

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

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.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. J. Jones M. D.
Date 2/6 1936 Address Marietta, Ohio