

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

Reg. Dist. No. 1224  
Primary Reg. Dist. No. 8493

## CERTIFICATE OF DEATH

State File No. 21120  
Registrar's No. 210

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Summit</u>		(a) State <u>Ohio</u> (b) County <u>Summit</u>	
(b) <u>Akron</u> (City, Village, Township)		(c) City or village <u>Akron 3</u> (If outside city or village, write RURAL)	
(c) Name of hospital or institution: <u>City Hospital</u> (If not in hospital or institution, write street No. or location)		(d) Street No. <u>20 Ambrose Court</u> (If rural, give location)	
(d) Length of stay: In hospital or institution <u>1 year</u> In this community <u>67 years</u> (Days) (Years, months or days)		(e) If foreign born, how long in U. S. A.?	

3. FULL NAME <u>FRANK H. MOTZ</u>			
(a) If veteran, name war <u>No</u>		(b) Social Security No. <u>None</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Single</u>	
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years			
7. Birth date of deceased <u>October 1, 1868</u> (Month) (Day) (Year)			
8. AGE: Years <u>75</u>	Months <u>5</u>	Days <u>17</u>	If less than one day hr. min.

9. Birthplace <u>Freeburg, Pa.</u> (City, town, or county) (State or foreign country)	
10. Usual occupation <u>Professional Baseball Player</u>	
11. Industry or business <u>Retired</u>	
12. Name <u>William Motz</u>	
13. Birthplace <u>Pa.</u> (City, town, or county) (State or foreign country)	
14. Maiden name <u>Mary Riblish</u> (City, town, or county) (State or foreign country)	
15. Birthplace <u>Pa.</u> (City, town, or county) (State or foreign country)	
16. (a) Informant's signature <u>H. B. Cox</u>	
(b) Address <u>Akron, Ohio</u>	
17. (a) Burial, cremation, or other (b) Date <u>Mar. 22, 1944</u> (c) Place <u>Rose Hill Burial Park</u> (Month) (Day) (Year)	

(d) <u>H. B. Cox</u> '3002A <u>THE BILLOW CO.</u> (Lic. No.)	
18. (a) By: <u>H. B. Cox</u> 320 (Signature of Funeral Director) (Lic. No.)	
(b) Address <u>118 Ash St., Akron 8, Ohio</u>	
19. (a) <u>3/21/44</u> (b) <u>[Signature]</u> (Date received local registrar) (Registrar's signature)	

20. Date of death: Month <u>March</u> day <u>18</u> year <u>1944</u> hour <u>8</u> minute <u>08 P.M.</u>	
21. I hereby certify that I attended the deceased from <u>June 2, 1944</u> to <u>March 18, 1944</u> that I last saw him alive on <u>March 18, 1944</u> and that death occurred on the date and hour stated above.	
Immediate cause of death <u>Pneumonia</u>	Duration <u>3-6-44</u>
Due to <u>Carcinoma left lobe</u>	<u>6-2-42</u>
Due to <u>[Signature]</u>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation <u>Carcinoma left lobe</u> <u>left lobe 7 x 4 x 3 cm</u> <u>left lobe 7 x 4 x 3 cm</u>	
Major findings of autopsy <u>Ch. blood</u>	
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? _____	
While at work? _____ (e) How did injury occur? _____	
23. Signature <u>[Signature]</u> (Specify if Doctor of Medicine or Osteopathy)	
Address <u>112 [Address]</u> Date signed <u>3-20-44</u>	