

Reg. Dist. No. _____

COLUMBUS

State File No. _____

Primary Reg. Dist. No. _____

CERTIFICATE OF DEATH

Registrar's No. _____

Department of Commerce — Bureau of the Census

7526

1. PLACE OF DEATH:

- (a) County Cuyahoga
- (b) Cleveland
(City, Village, Township)
- (c) Name of hospital or institution:
1531 E. 86th St.
(If not in hospital or institution, write street No. or location)
- (d) Length of stay: in hospital or institution _____ (Days)
In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ohio (b) County Cuyahoga
- (c) City or village Cleveland
(If outside city or village, write RURAL)
- (d) Street No. 1531 E 86th
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? 1126 years.

3. FULL NAME

- Ralph Benjamin Pord
- (a) if veteran, _____ (b) Social Security No. 270-07-0105
- name war _____

4. Sex M. 5. Color or race N 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Pord 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 3 hr. min.

9. Birthplace Baslar Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Road Contractor

11. Industry or business Himself

12. Name Edward Pord

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stule

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Bertha Pord

- (b) Address 1531 E. 86th St

17. (a) Burial, cremation, or other; (b) Date 9-10-47
(Month) (Day) (Year)

- (c) Place in Cleveland crematorium

- (d) Lee C. Stiles 4732A
(Name of Embalmer) (Lic. No.)

18. (a) Charles Melbourne 1216
(Signature of Funeral Director) (Lic. No.)

- (b) Address 12737 Euclid Ave

19. (a) SEP 10 1947 (b) W. Simon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month September day 8 year 1947 hour 3:30 minute 15

21. I hereby certify that I attended the deceased from 1947, 19____, to 9-8, 1947

- that I last saw him alive on Aug 24, 1947

- and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary thrombosis

- Due to angina pectoris

- Due to hemiplegia

- Other conditions (Include pregnancy within 3 months of death) _____

- Major findings of operation _____

- Major findings of autopsy _____

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? _____ (Specify type of place)

- (a) How did injury occur? _____

23. Signature _____

- (Specify if Doctor of Medicine or Osteopathy)

- 2283 _____ signed 9-9-47

- Cleveland

Underline the cause to which death should be charged statistically.

Mother

Father