

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

4201

State File No.

64228

Registrar's No.

254

Reg. Dist. No. 18

Primary Reg. Dist. No. 180

CERTIFICATE OF DEATH

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| 1. PLACE OF DEATH a. COUNTY CUYAHOGA | | 1. USUAL RESIDENCE (Where deceased lived, in institution, Rest. or before admission) | |
| b. CITY, VILLAGE, OR LOCATION CLEVELAND | | b. CITY, VILLAGE, OR LOCATION Cleveland | |
| c. LENGTH OF STAY IN 1b | | c. STATE Ohio | |
| d. NAME OF HOSPITAL OR INSTITUTION | | d. COUNTY Cuyahoga | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (TYPE OR PRINT) First Middle Last JOHN FREDERICK POTTS | | | 4. DATE OF DEATH Month Day Year SEPT. 5 1962 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2/6/1887 | 9. AGE (In years last birthday) 75 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) TROY OHIO | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME JOHN POTTS | | | 14. MOTHER'S MAIDEN NAME ANNA ECKERT | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S NAME MRS. MARGUERITE POTTS | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | INTERVAL BETWEEN ONSET AND DEATH 1 hr |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion | | |
| Conditions, if any which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) Infection right cerebral hemisphere | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) 5195 | |
| 20c. TIME OF INJURY Hour Month Day Year p. m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, VILLAGE, OR LOCATION | COUNTY STATE |

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| 21. I attended the deceased from 1950 to SEPT 5 1962 and last saw her alive on SEPT 6 1962 . Death occurred at 4:40 P. m. on the date stated in 4, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) Walter J. Fent W.D. | 22b. ADDRESS 10518 Carnegie Ave | 22c. DATE SIGNED 9/6/62 |

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| 23a. BURIAL, CREMATION, (Specify) BURIAL | 23b. DATE 9/7/62 | 23c. NAME OF CEMETERY OR CREMATORY LAKE VIEW | 23d. LOCATION (City, town, or county) (State) CLEVELAND CUY. OHIO |
| 24. NAME OF EMBALMER (LIC. NO.) Wellard L. Zeller 4442A | | 25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) R & Millard 1237 | |
| 26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) THE MILLARD SON & RAPER CO. 11203 FAIRHILL RD. CLEVELAND 4 OHIO. | | | |

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| 27. DATE REC'D BY LOCAL REG. SEP 13 1962 | 28. REGISTRAR'S SIGNATURE L. A. Sandell | 29. DATE REC'D BY SUB-REGISTRAR | 30. SUB-REGISTRAR'S SIGNATURE |
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