

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

494

42986

1 PLACE OF DEATH  
County Hannulton Registration District No. 0027 File No. 4098  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 4098

or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Cincinnati (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 Harry Reis Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. 2161 Sinton St. Ward. \_\_\_\_\_ U. S. Navy or Army \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White 5. SINGLE, MARRIED, Write the word  
Widowed or Divorced Married

6a. If Married, Widowed, or Divorced Husband of (or) Wife of Fannie Reis

6. DATE OF BIRTH (month, day, and year) June 14, 1891

7. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 X 1  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Cincinnati, Ohio  
(State or country)

13. NAME John A. Reis

14. BIRTHPLACE (city or town) Cincinnati, Ohio  
(State or country)

15. MAIDEN NAME Florrie Reynolds

16. BIRTHPLACE (city or town) Kings Mills, Ohio  
(State or country)

17. INFORMANT Fannie Reis (wife)  
The Signature of \_\_\_\_\_  
and (Address) 2160 Sinton Ave. Cinti. O.

18. BURIAL, CREMATION, OR REMOVAL  
Place Vine St. Hill Date July 24, 1939

19. FUNERAL FIRM W. Mack Johnson

19a. BURIED BY W. Mack Johnson No. 953  
Address 1309 E. McKillian St. Cinti. O.

19b. EMBALMER W. Mack Johnson No. 4387A

20. FILED July 22, 1939 Registrar W. Mack Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1939

22. I HEREBY CERTIFY That I attended deceased from June 17, 1939 to July 20, 1939  
I last saw him alive on July 20, 1939, death is said to have occurred on the date stated above at 7:55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Pulmonary TBC.

CONTRIBUTORY CAUSES OF importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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) Lawrence Goodson M. D.

Date \_\_\_\_\_ 193 \_\_\_\_\_ Address \_\_\_\_\_

OCCUPATION

MOTHER FATHER