

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

1 PLACE OF DEATH

County Cuyahoga Registration District No. 1079 File No. 183244
Township West Alexandria Primary Registration District No. 3156 Registered No. 40
or Village West Alexandria No. _____ St. _____ Ward _____
or City of _____ (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 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Philip Andrew Saylor Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. West Alexandria St. _____ Ward _____ AUG 1937
(Usual place of abode) (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha Saylor
6. DATE OF BIRTH (month, day, and year) 1-2-1871
7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
66 6 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME John Saylor

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

15. MAIDEN NAME Chapin

16. BIRTHPLACE (city or town) (State or country) Ohio

17. THE SIGNATURE OF INFORMANT Martha Saylor Danaher and (Address) 2523 Ashburn Ave. Dayton, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Date 7-26 1937

19. FUNERAL DIRECTOR W. B. ... Lic. No. 333 (Address) West Alexandria, O.

19a. Was body embalmed? yes Embalmer's Lic. No. 15420

20. FILED Aug 11 1937 Registrar W. B. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1936 to July 23 1937

I last saw him alive on July 23 1937 death is said to have occurred on the date stated above at 7 A. m.

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

Myocarditis Date of onset 1935

CONTRIBUTORY CAUSES OF importance not related to principal cause:

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. B. Lucas M. D.

Date 8/23/37 Address W. Alexandria, O.

OCCUPATION is very important. See instructions on back of certificate.