

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

33242

Reg. Dist. No. 44

CERTIFICATE OF DEATH

State File No. _____

Primary Reg. Dist. No. 4401Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Ohio b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Ironton	
c. LENGTH OF STAY (In this place) Life		d. STREET (If rural, give location) ADDRESS 804 so. 4th st	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 804 so. 4th st		4. DATE (Month) (Day) (Year) OF DEATH Mar. 21, 1953	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) Harry b. (Middle) _____ c. (Last) Truby		5. SEX Male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 11, 1869		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ironton Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter W. Truby		14. MOTHER'S MAIDEN NAME Henrietta Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE <i>James G. Ed. Patton</i>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complicated by uremia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED White at <input type="checkbox"/> Not White at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/13/53, 1953, to Mar. 21, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dean J. Webster M.D.</i>		23b. ADDRESS <i>1656 N. 2nd Ironton</i>		23c. DATE SIGNED <i>3/28/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/53		24c. NAME OF CEMETERY OR CREMATORY Woodland Cem	
24d. LOCATION (City, town, or county) (State) Ironton Ohio		NAME OF EMBALMER Frank A Feuchter		(LIC. NO.) 3931-A	

Sub-Registrar's Signature <i>Henry G. Hopkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank A Feuchter</i>		(LIC. NO.) 644	
DATE REC'D BY LOCAL REG. 5-11-53		REGISTRAR'S SIGNATURE			