

OHIO DEPARTMENT OF HEALTH

COLUMBUS
CERTIFICATE OF DEATHReg. Dist. No. 1324
Primary Reg. Dist. No. 8493State File No. 59798
Registrar's No. 1991

1. PLACE OF DEATH:

(a) County Summit
(b) Akron
(City, Village, Township)
(c) Name of hospital or institution:
897 Morse St
(If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution _____ (Days)
In this community 32 years (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Summit
(c) City or village Akron
(If outside city or village, write RURAL.)
(d) Street No. 897 Morse St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years

FULL

3. NAME Edward H. Walker
(a) if veteran, name war _____ (b) Social Security No. None
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 11th 1874
(Month) (Day) (Year)
8. AGE: Years 73 Months 1 Days 18 If less than one day hr. _____ min. _____
9. Birthplace England
(City, town, or county) (State or foreign country)
10. Usual occupation Retired School Custodian
11. Industry or business _____
12. Name John Walker
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Smith
15. Birthplace England
(City, town, or county) (State or foreign country)
16. (a) Informant's signature E. L. Baldwin
(b) Address 760 E. Market St
17. (a) Burial, cremation, or other; (b) Date 10-1-47
(Month) (Day) (Year)
(c) Place Greenlawn Cem.
(d) F. L. Sanford 4870 A
(Name of Embalmer) (Lic. No.)
18. (a) R. H. Eckard 597
(Signature of Funeral Director) (Lic. No.)
(b) Address Akron Ohio
19. (a) 9/30/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 29th
year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1st, 1947, to Sept 28th, 1947;
that I last saw him alive on Sept 28, 1947;
and that death occurred on the date and hour stated above. DurationImmediate cause of death Cancer of the Prostate
Due to _____ ✓
Due to _____ ✓ 31B-0Other conditions
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____
(Specify type of place)
While at work? _____ (e) How did injury occur? _____23. Signature Wm E. Gallagher MD
(Specify if Doctor of Medicine or Osteopathy)
Address 1097 8th Ave Date signed 9-30-47Mother
Father

V.S. 11