

CERTIFICATE OF DEATH

13035

Dist No. 170
Serial No. 608

State File No. _____

1. NAME OF DECEASED (Type or Print)			a. (First) GUY	b. (Middle) ZINN	c. (Last)	2. DATE (Month) (Day) (Year) OF DEATH Oct 6, 1949		
3. PLACE OF DEATH					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Harrison					a. STATE W. Va. b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Park					c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Park			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 Ohio Ave. XX					d. STREET ADDRESS (If rural, give location) 602 Ohio Avenue			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 13 1887	9. AGE (In years) 62	If under 1 year Month Days	If under 24 hrs Hours Min.	
10. USUAL OCCUPATION Professional Ballplayer			10a. KIND OF BUSINESS OR INDUSTRY N.Y. Yankees		11. BIRTHPLACE (State or foreign country) Richie Co. W. Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Noah Zinn					14. MOTHER'S MAIDEN NAME Elizabeth Bee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service			16. SOCIAL SECURITY No.		17. INFORMANT E. R. Zinn - 602 Ohio Ave.			

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lungs with Metastasis (arising in L.U.L. near Main Bronchus)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) none		
	DUE TO (c) none		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the left lung with mediastinal lymph node extension.		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 bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) Year (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	21g. INQUEST Yes <input type="checkbox"/> No <input type="checkbox"/>

22. I hereby certify that I attended the deceased from May 19, 1949, to Oct. 4, 1949, that I last saw the deceased alive on Oct. 4, 1949, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James H. Halston M.D.</i>		23b. ADDRESS Clarksburg, W. Va.		23c. DATE SIGNED 10/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/49	24c. NAME OF CEMETERY OR CREAMATORY Greenlawn	24d. EMBALMERS SIGNATURE LIC. No. <i>R. Edward Herbert</i> 1169		
DATE REC'D BY LOCAL REG. 10-12-49	REGISTRAR'S SIGNATURE <i>Kathleen Deut Gagnon</i>		25. FUNERAL DIRECTOR'S (Signature) <i>J. W. Carter</i>		LIC. No. 613

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthma, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

All forms are to be complete and accurate.