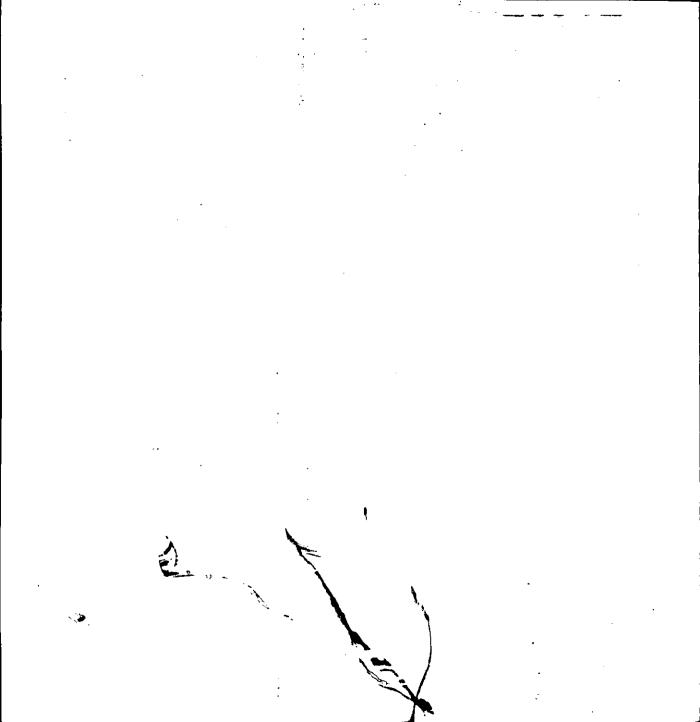
| P | W TE 1323 | E BOARD OF HEALTH Do not use this space. |
|----|---|---|
| 30 | 11 | CATE OF DEATH 27301 |
| 3 | County Registration Dist Township Primary Registrat City No. | rict No. File No. Registered No. St. Ward) |
| 3 | (Usual place of abode) Length of residence in city or town where death occurred yrs. me | , |
| | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR | MEDICAL CERTIFICATE OF DEATH |
| | male white married | 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 1 HEREBY CERTIFY, That I attended deceased from |
| | SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARRIED AND AND AND AND AND AND AND AND AND AN | that I last saw h alive on |
| | 6. DATE OF BIRTH (MONTH, DAY AND YEAR ON 27 - 1894 7. AGE YEARS MONTHS DAYS If LESS than 1 | death occurred, on the date stated above, at |
| | 7. AGE YEARS MONTHS DAYS If LESS than I day,hrs. orhrs. | 200 Blis allerment |
| \ | 8. OCCUPATION OF DECEASED (a) Trade, profession, or Part Server Ake 1 | (directly) yru mos da |
| 2 | particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | CONTRIBUTORY (SECONDARY) (donation) 18. WHERE WAS DISEASE CONTRACTED |
| | 9. BIRTHPLACE (CITY OR TOWN) Trullay (STATE OR COUNTRY) Ohio | IF NOT AT DEE OF DEATH |
| | 10. NAME OF FACEBLES NEW itt | Was there an autopsyr |
| ٠ | 11. BIRTHPLACE OF FATHER CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTOR LIVE CALLY | WHAT TEST CONFIRMED DIAGNOSST (Signed) 1 M. D. |
| | 12. MAIDEN NAME OF MOTHER LIVE CALLY 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) | *State the Disease Causing Pearly, or in deaths from Violent Causes, state (1) Means and Nature of Indiry, and (2) Whether Apoliphers, Spiculal, or |
| | 14. INGRIMANTO ON HE WITH | HOMICIDAL. 19: PLACE OF BURIAL, CREMATION OF REMOVAL. DATE OF BURIAL |
| | 15. FILED 8/16 19 29 State Bedfork | 20. UNDERTAKER ADDRESS 544 |
| | REGISTBAR | Jawan Haure JE Mo |



ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

1. PLACE OF DEATH File No..... Primary Registration District No. 5014 Registered No. (a) Residence. No.....(Usual place of abode)Ward. (If nonresident, give city or town and State) Length of residence in city or town where death occurred YES. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17 I HEREBY CERTIFY. That I stiended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF that I last saw h..... alipe on (OR) WIFE OF 19..... and that 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE DEATH+ WAS AS FOLLOWS: 7. AGE YEARS DAYS If LESS than MONTHS day,hrs. 8. OCCUPATION OF DECEASED (a) Trade, profession, ords. ds. ds. particular kind of work..... CONTRIBUTORY..... (b) General nature of industry. business, or establishment in which employed (or employer)(duration) yrs. mos. ds. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHT...... DATE OF..... 10. NAME OF FATHER WAS THERE AN AUTOPSYI 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIS? (STATE OR COUNTRY) (Signed) M. D. 12. MAIDEN NAME OF MOTHER , 19 (Address) 13. BIRTHPLACE OF MOTHER (CITY OR TO) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT..... (Address) FILED 8-14 19.24 SUBL 20. UNDERTAKER **ADDRESS**

1.6