

**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

Reg. Dist. No. 7602  
Primary Reg. Dist. No. \_\_\_\_\_

State File No. 007007  
Registrar's No. 13

**CERTIFICATE OF DEATH**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Stark</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution, residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Stark</b>	
b. CITY, VILLAGE, OR LOCATION <b>Massillon</b>	c. LENGTH OF STAY IN IB <b>40 years</b>	c. CITY, VILLAGE, OR LOCATION <b>Massillon</b>	
d. NAME OF HOSPITAL OR INSTITUTION <b>Massillon City Hospital</b> (If not in hospital or institution, give street address)		d. STREET ADDRESS <b>831 Lake Ave. NE</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (TYPE OR PRINT) First Middle Last <b>Frederick O. Bratschi (Bratsche)</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>Jan. 10, 1962</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Jan. 16, 1892</b>	<b>9. AGE (In years last birthday)</b> <b>69</b>	If Under 1 Year Months Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Gas Station Owner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Gas Station</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Alliance, Ohio</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13. FATHER'S NAME</b> <b>Samuel Bratschi</b>			<b>14. MOTHER'S MAIDEN NAME</b> <b>Louise Tritten</b>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>301-30-7817</b>	<b>17. INFORMANT'S SIGNATURE</b> Address <b>Mrs. Irene E. Bratschi Massillon</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a). <b>Subacute acid ingestion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>28 hours</b>
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b). <b>Suicide</b>	DUE TO (c). <b>9718</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (I) <b>Drunk battery acid from his regular drinking cup at his</b>			<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input checked="" type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <b>Drank battery acid from his regular drinking cup at his</b>		
<b>20c. TIME OF INJURY</b> <b>7:30</b> Hour Minute Month, Day, Year <b>1/8/62</b>	<b>20d. PLACE OF INJURY</b> (e.g., in or about home, factory, street, office bldg., etc.) <b>filling station</b>		

<b>20e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20f. CITY, VILLAGE, OR LOCATION</b> <b>Massillon</b>	<b>20g. COUNTY</b> <b>Stark</b>	<b>20h. STATE</b> <b>Ohio</b>
<b>21. I attended the deceased from _____ and last saw her alive on _____</b> Death occurred at <b>12:30</b> A. M. on the date stated in 9 and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <b>F. W. Arnold, M.D. Acting Coroner</b>		<b>22b. ADDRESS</b> <b>County Office Bldg. Canton, Ohio</b>	<b>22c. DATE SIGNED.</b> <b>1/17/62</b>

<b>23a. BURIAL, CREMATION, (Specify)</b> <b>burial</b>	<b>23b. DATE</b> <b>Jan. 12, 1962</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Rose Hill Mortuary</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Massillon, Ohio</b>
<b>24. NAME OF EMBALMER</b> (LIC. NO.) <b>Warne W. Arnold 642-A</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> (LIC. NO.) <b>W. R. Donald 246</b>	

<b>26. FUNERAL FIRM AND ADDRESS</b> (STREET NO.) (CITY) (STATE) <b>Arnold-Lynch Funeral Home 729 Lincoln Ave. Massillon, Ohio</b>		
<b>27. DATE REC'D BY LOCAL REG</b> <b>1-18-1962</b>	<b>28. REGISTRAR'S SIGNATURE</b> <b>Alice A. Reme</b>	<b>29. SUB-REGISTRAR'S SIGNATURE</b>

MEDICAL CERTIFICATION