

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
765
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lucas

Registration District No. _____

File No. 29597

Township _____

Primary Registration District No. B349

Registered No. 1536

or Village _____

No. _____

St. _____

Ward _____

or City of Tolado

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A Cummings

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. 427 Thornton

St. _____ Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

hrs. mos. ds.

How long in U. S., if of foreign birth?

hrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced Married (write the word)

16 DATE OF DEATH (month, day and year) May 17th 1924

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mary G Cummings

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st 1924 to May 16 1924

that I last saw him alive on May 16 1924

and that death occurred, on the date stated above, at _____ m.

6 DATE OF BIRTH (month, day, year) Oct 13

The CAUSE OF DEATH* was as follows:

7 AGE Years 75 Months 3 Days 4 If LESS than 1 day _____ hrs. or _____ min.

Senile dementia

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) _____ yrs. 10 mos. _____ ds.

CONTRIBUTORY (SECONDARY) - Exhaustion

(duration) _____ yrs. 2 mos. _____ ds.

9 BIRTHPLACE (city or town) Nare

(State or country) Mass

18 Where was disease contracted Nare O.
if not at place of death?

Did an operation precede death? No Date of _____

10 NAME OF FATHER W B Cummings

Was there an autopsy? No

11 BIRTHPLACE OF FATHER (city or town) Mass

(State or country)

What test confirmed diagnosis? Cholesterol test

(Signed) A. T. Barnum M. D.

12 MAIDEN NAME OF MOTHER Mary Black

May 19, 1924 (Address) Nare O.

13 BIRTHPLACE OF MOTHER (city or town) Mass

(State or country)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant A Cummings

(Address) Tolado

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Nare Mass.

DATE OF BURIAL May 20 1924

15 Filed MAY 27 1924

19 _____

Sam Smith
REGISTRAR

20 UNDERTAKER, License No. _____

ADDRESS Tolado

J. W. Graham