

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

1938

1 PLACE OF DEATH
County Lucas Registration District No. 769 File No. 3851
Township Lucas Primary Registration District No. 18789 Registered No. 3851
or Village Lucas No. St Vincents Hospital St. Lucas Ward Lucas
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Lucas Did Deceased Serve in U. S. Navy or Army No
2 FULL NAME Elmer Doty
(a) Residence. No. Genoa Ohio St. Lucas Ward Lucas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed or Divorced (write the word) Married
6a If married, widowed or divorced HUSBAND of Francis Doty (or) WIFE of Francis Doty

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1867

7 AGE Years 61 Months 11 Days 3 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Ohio Public Service
(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

10 NAME OF FATHER J. M. Doty

11 BIRTHPLACE OF FATHER (city or town) Lyons
(State or country) New York

12 MAIDEN NAME OF MOTHER Hanna J. Cole

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country)

14 Informant Francis Doty
(Address) Genoa, Ohio

15 Filed 11-22-29 L. A. Smith
REGISTRAR

16 DATE OF DEATH (month, day and year) 11-20-29

I HEREBY CERTIFY, That I attended deceased from 11-15- 1929 to 11-20- 1929
that I last saw him alive on 11-20- 1929
and that death occurred, on the date stated above, at Lucas, Ohio
The CAUSE OF DEATH* was as follows:

Carcinoma of Omentum
of large bowel
(duration) 1 yrs. 1 mos. 1 ds.
CONTRIBUTORY Secondary anemia
(SECONDARY) Myocarditis (duration) 2 yrs. 2 mos. 1 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Yes Date of 11-19-29
Was there an autopsy? No

What test confirmed diagnosis? Specimens
(Signed) Robert J. Brown M. D.
11-20- 1929 (Address) 316 Michigan

*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.)

19 PLACE of Burial, Cremation, or Removal Clay cemetery DATE OF BURIAL Nov. 22, 1929

20 UNDERTAKER Geo. Burman ADDRESS Genoa, Ohio

20a WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE NO. 3406

N. B. WRITE PLAINLY, WITH UNFADING INK. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.