

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

188c

1 PLACE OF DEATH

County Cuyahoga Registration District No. 8118 File No. 1234  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 258  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St., 4 Ward  
or City of Cleveland (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emilia De Ball Fountain

(a) Residence. No. 1817 Rockford E.C. Ward. 9  
(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 Miss 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

16 DATE OF DEATH Jan 5th 19 23

5a If married, widowed or divorced HUSBAND of (or) WIFE of Anna Elizabeth Fountain

17 I HEREBY CERTIFY that I attended deceased from accidentally slipping 19... that I last saw h... alive on... and that death occurred, on the date stated above, at 2300 m.

6 DATE OF BIRTH Oct 29 (month, day, year) 1857  
7 AGE Years 65 Months 2 Days 7 If LESS than 1 day... hrs... or... min...

The CAUSE OF DEATH\* was as follows:  
Auto accident while riding on center Rd Independent coach rolled down hill. Injury to thorax and abdomen.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Bookkeeper (b) General nature of Industry, business, or establishment in which employed (or employer) Wiley Knight Co (c) Name of employer New York NY

CONTRIBUTORY Thru overexertion and shock (duration) yrs. mos. ds.

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

18 Where was disease contracted if not at place of death? on center Rd  
Did an operation precede death? No State of...  
Was there an autopsy? No

10 NAME OF FATHER James Guyon Fountain

What test confirmed diagnosis? Exam. History  
(Signed) W S Hammond coroner M. D.

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

12 MARRIAGE (Name of mother) Anna Elizabeth Fountain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

Jan 1, 19 22 (Address) 2034 Maple  
\*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant Anna Elizabeth Fountain (Address) 1817 Rockford Rd. E.C.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lake View DATE OF BURIAL Jan 8 19 23

15 Filed \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR W. S. Hammond

20 UNDERTAKER, License No. 2251A ADDRESS 12737 Mohr St