

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

1 PLACE OF DEATH

County Hamilton

Registration District No. ....

File No. 42336

Township.....

Primary Registration District No. 3227

Registered No. 3954

or Village.....

No. General Hospital St., ..... Ward  
(If death occurred in a hospital or institution give its NAME instead of street and number)

or City of Cincinnati

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.

2 FULL NAME

Chas. Grant

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

(a) Residence. No. Reading T. & Blair Ave St., ..... Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ev

6. DATE OF BIRTH (month, day, and year) Aug. 31, 1874

7. AGE Years 57 Months ..... Days ..... If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Somer's apt.

10. Date deceased last worked at this occupation (month and year) 10/10

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Chas Grant

14. BIRTHPLACE (city or town) (State or country) Ohio NY

15. MAIDEN NAME Mary Osborne

16. BIRTHPLACE (city or town) (State or country) NY.

17. INFORMANT and (Address) Clifford Hunge

18. BURIAL, CREMATION, OR REMOVAL Place Spring Grove Date July 13, 1932

19. UNDERTAKER (Address) Wm. H. Jones

19a. Was body embalmed Yes Embalmer's No. 2583

20. FILED JUL 12 1932 Registrar. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19....., death is said to have occurred on the date stated above at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Fractured skull, laceration of both legs, shock and hemorrhage  
10 m

CONTRIBUTORY CAUSES of importance not related to principal cause:

Automobile accident (Struck by auto which ran into steps on which he was seated, when tire blew out.)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 7/8, 1932  
Where did injury occur? Cincinnati, Ohio  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by auto.  
Nature of injury fractured skull & legs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Wm. Scott Yeaman M. D.

Date 7/12, 1932 Address Cincinnati