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STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of CuyahogaTownship of _____ Registration District No. 8116File No. 9

Village of _____ Primary Registration District No. _____

Registered No. 7028City of Cleveland (No. 1954, W 20, St) St. _____ Ward _____(If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information.")FULL NAME James Green(If death occurred in a
Hospital or Institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W
DATE OF BIRTH May 22 1912
(Month) (Day) (Year)AGE 58 years, 6 months, 22 days.SINGLE, MARRIED,
WIDOWED, OR DIVORCEDBIRTHPLACE (State or Foreign Country) ConnOCCUPATION LaborerNAME OF FATHER Michael GreenBIRTHPLACE OF FATHER (State or Foreign Country) IrelandMAIDEN NAME OF MOTHER Mary MoranBIRTHPLACE OF MOTHER (State or Foreign Country) IrelandTHE ABOVE STATED PERSONAL PARTICULARS ARE
TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF(Informant) J. Green(Address) 1954 W 20 StFiled DEC 13 1912[Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1912
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Dec 21 1916 to Dec 18 1912that I last saw him alive on Dec 11 1912and that death occurred, on the date stated above, at 3

P. M. The CAUSE OF DEATH was as follows:

Chronic Myocarditis (Duration) 10 Days
History 1 yearContributory Coronary Sclerosis (Duration) 10 Days
Healing 1 year(Signed) [Signature] M. D.Dec 12 1912 (Address) 2050 W 25SPECIAL INFORMATION only for Hospitals, Institutions, Trans-
sients, or Recent Residents.

Former or Usual Residence _____ How long at _____ Days

Where was disease contracted, _____
If not at place of death? _____PLACE OF BURIAL or REMOVAL Salvatory Cem DATE OF BURIAL Dec 14 1912UNDERTAKER J. B. [Signature] ADDRESS 2109 Abbey Ave