

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Madison Registration District No. 798 File No. 50556
Township Youngstown Primary Registration District No. 8359 Registered No. 1295
or Village No. _____ St. _____ Ward _____
or City of Youngstown (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Walter F. Hogan
(a) Residence No. 360 Delonght St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) Oct 15 1869

7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
59 10 _____

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

9 BIRTHPLACE (city or town) England
(State or country)

10 NAME OF FATHER Patrick Hogan

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER M. O'Brien

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

14 Informant Mrs M F Hogan
(Address) 360 Delonght St

15 W. C. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day and year) Aug 15 1923

17 I HEREBY CERTIFY. That I attended deceased from Apr 28, 1923, to Aug 11, 1923, that I last saw him alive on Aug 11, 1923, and that death occurred, on the date stated above, at 1306 m.

The CAUSE OF DEATH* was as follows:
Cerebral Lesion
systemic

(duration) 1 yrs. 3 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Hypertensive Pneumonia
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ State of _____

Was there an aut. post? _____

What test confirmed diagnosis? _____

(Signed) Marshall Palmer M. D.

Aug 15, 1923 (Address) 523 Diller Ave Bldg

*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 Clary Cemetery DATE OF BURIAL Aug 17 1923

20 UNDERTAKER, License No. 2593 ADDRESS York
Edward J Fox

of OCCUPATION is very important. See instructions on back of certificate.