

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

798

25913

1 PLACE OF DEATH
County *Mahoning* Registration District No. File No.
Township Primary Registration District No. **8359** Registered No. **749**
or Village No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of *Youngstown*
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 *James B. McAleer* Did Deceased Serve in U. S. Navy or Army
(a) Residence No. *Parkway Tower, Park Ave.* Ward (If nonresident give city or town and State)

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*
5a. If married, widowed, or divorced HUSBAND of *Georgianna Rudge* (or) WIFE of
6. DATE OF BIRTH (month, day, and year) *June 10, 1865*
7. AGE Years *65* Months *10* Days *19* If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (month, day, and year) *Apr. 29, 1931*
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 *2:20 p.m.*
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

8. Trade, profession, or particular kind of work done, as *Retired* spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as *XXXX* silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
OCCUPATION

Suicide
167
CONTRIBUTORY CAUSES of importance not related to principal cause:
Gun shot wound
Self-inflicted
Date of onset

12. BIRTHPLACE (city or town) *Youngstown* (State or country) *Ohio*
13. NAME *Owen McAleer*
14. BIRTHPLACE (city or town) *unable to learn* (State or country)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER FATHER
15. MAIDEN NAME *Mary Miller*
16. BIRTHPLACE (city or town) *unable to learn* (State or country)

23. If death was due to external causes (violence) fill in also the following:
Absent, suicide, or homicide? Date of injury *4/28, 1931*
Where did injury occur? *Youngstown, Ohio* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *In Home*

17. The Signature of Informant and (Address) *Georgianna Rudge McAleer*
Youngstown, Ohio
18. BURIAL, CREMATION, OR REMOVAL Place *Cath. Hill Cem. May 1, 1931*
19. UNDERTAKER (Address) *John S. Orr & Son*
Youngstown, Ohio
19a. Was body embalmed? *Yes* Embalmer's No. *2153*

Manner of injury *Gun shot*
Nature of injury *Head*
24. Was disease or injury in any way related to occupation of deceased?

20. FILED *MAY - 2 1931* Registrar *D. R. Miller*

If so, specify
(Signed) *M. E. Hays Coyne* M. D.
Date *4/30, 1931* Address *Youngstown, Ohio*