

OHIO DEPARTMENT OF HEALTH

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68333

Reg. Dist. No. 769
Primary Reg. Dist. No. 8349

COLUMBUS

State File No. _____
Registrar's No. 3798

CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

1. PLACE OF DEATH:

(a) County Lucas
(b) Toledo
(City, Village, Township)
(c) Name of hospital or institution:
St VINCENTS HOSPITAL.
(If not in hospital or institution, write street No. or location)
(d) Length of stay: In hospital or institution _____ (Days)
In this community 34 (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County LUCAS
(c) City or village Toledo
(If outside city or village, write RURAL)
(d) Street No. 624 DRYDEN TR.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

FULL

3. NAME PETER ROBERT Mc SHANNIC
(a) If veteran, _____ (b) Social Security
name war _____ No. _____4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced, MARRIED.6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if
alive 81 years7. Birth date of deceased MARCH 20, 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 8 10 hr. min.9. Birthplace PITTSBURG PA.
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED GLASS BLOWER11. Industry or business CUNNINGHAM GLASS CO.12. Name JOHN N13. Birthplace IRELAND
(City, town, or county) (State or foreign country)14. Maiden name MARY JANE WALKER15. Birthplace IRELAND.
(City, town, or county) (State or foreign country)16. (a) Informant's signature Ann M. Mc Shannic
(b) Address 624 Dryden Dr.17. (a) Burial, cremation, or other; (b) Date 12-2-1946
(Month) (Day) (Year)(c) Place TOLEDO MEMORIAL PARK.(d) WALTER G. EDWARDS 4107A
(Name of Embalmer) (Lic. No.)18. (a) Walter Edwards 2062
(Signature of Funeral Director) (Lic. No.)(b) Address 241 W. CENTRAL AVE19. (a) DEC 2 1946 (b) G. J. Barowski
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month NOVEMBER day 30
year 1946 hour 12 minute 50 AM.21. I hereby certify that I attended the deceased from
Nov 29, 1946, to Nov 30-46, 1946.
that I last saw him alive on Nov 30, 1946.
and that death occurred on the date and hour stated above. DurationImmediate cause of death
Strangulated sigmoid
thruDue to gangrene of cecum colonDue to due to obstruction
mesenteric arteryOther conditions
(Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy aboveUnderline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial
place, in public place? _____
(Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature P. Deethelen
(Specify if Doctor of Medicine or Osteopathy)Address 130746 Date signed _____