

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **71259**

PLACE OF DEATH
County Stark
Township Cerry
or Village Marion
or City of Marion

2 FULL NAME C. H. Morton
(a) Residence. No. Albion, Ohio St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

Registration District No. 1212 File No. _____
Primary Registration District No. 5812 Registered No. 459
No. Marion State Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 58 Months ? Days ? If LESS than 1 day _____ hrs. or _____ min.

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

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

10 NAME OF FATHER Unknown

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

12 MAIDEN NAME OF MOTHER Unknown

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

14 Informant State Hosp.
(Address) Marion, Ohio

15 Filed 10-19-21 T. E. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 9, 1921

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1921, to Dec 9, 1921, that I last saw him alive on Dec 9, 1921, and that death occurred, on the date stated above, at 10:30 P.M.
The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane
(duration) 2 yrs. _____ mos. _____ ds.

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

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

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Wassermann test.
(Signed) Wm. G. Rhodes, M.D.
12/9 1921 (Address) Marion, Ohio.

*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 Albion DATE OF BURIAL Dec 1921

20 UNDERTAKER, license No. _____ ADDRESS Willow Undertaking Co. Albion

PARENTS