

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

26263

1 PLACE OF DEATH
County Montgomery Registration District No. 904 File No. 904
Township Dayton Primary Registration District No. 8390 Registered No. 969
or Village Dayton Ohio No. Dayton State Hospital St. 9 Ward 9
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Dayton Ohio
Length of residence in city or town where death occurred 7 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 7 yrs. 2 mos. 2 ds.
2 FULL NAME William T. Otey Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. Dayton Ohio St. 9 Ward 9
(Usual place of abode) (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 Bessie (Smith) Otey (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Dec. 19, 1886
7. AGE Years 44 Months 4 Days 2 If LESS than 1 day, 2 hrs. or 2 min.

21. DATE OF DEATH (month, day, and year) Apr. 22, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Apr. 22, 1931.
I last saw him alive on Apr. 22, 1931, death is said to have occurred on the date stated above at 10:17 a.m.
THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
General Paralysis one year ago.
Date of onset

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto-Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7673
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

CONTRIBUTORY CAUSES of importance not related to principal cause:
Syphilis 24 yrs ago.

MOTHER FATHER 12. BIRTHPLACE (city or town) (State or country) Dayton Ohio
13. NAME John Otey
14. BIRTHPLACE (city or town) (State or country) West Carleton Ohio

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

MOTHER 15. MAIDEN NAME Lavinia Leisher Otey
16. BIRTHPLACE (city or town) (State or country) Ohio
17. The Signature of Informant and (Address) Dayton State Hosp. records, Dayton Ohio

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Place Youngstown Date Apr. 25, 1931
19. UNDERTAKER Frank Pickinger
(Address) Dayton Ohio

Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

19a. Was body embalmed? no Embalmer's No. 2096-2
20. FILED APR 23 1931 Registrar Adkins

(Signed) Alouza A. Petty M. D.
Date 4/22 1931 Address Dayton State Hospital