

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

1 PLACE OF DEATH

County Hamilton Registration District No. 492 File No. 32829

Township _____ Primary Registration District No. 022 Registered 3535

or Village _____ No. 403 Stanley Ave St. _____ Ward _____

or City of Leinti (If death occurred in a hospital or institution, give its NAME instead of street and number)

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 John G. Reilly Did Deceased Serve in U. S. Navy or Army _____

(a) Residence No. 403 Stanley Ave Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, Write the word Widowed or Divorced Single

5a. If Married, Widowed, or Divorced Husband of (or) Wife of _____

6. DATE OF BIRTH (month, day, and year) Oct 5 1888

7. AGE (years) Months Days If LESS than 1 day _____ hrs. _____ min.

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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Artist (32)

10. Date deceased last worked at this occupation (month and year) 3/9/41 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio (02)

13. NAME Frank Reilly

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Erwin Price and (Address) 403 Stanley

18. BURIAL, CREMATION, OR REMOVAL Place Spring Grove June 30 1937

19. FUNERAL FIRM Gold & Barnes

19a. BURIED BY Gold & Barnes Lic. No. 274

19b. EMBALMER Barnes Lic. No. 2955

20. FILER W. J. ... 1937, 193 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1934, to May 31, 1937.

I last saw h. alive on 5/31, 1937, death is said to have occurred on the date stated above at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

Atherosclerosis
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CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. J. ... M. D.

Date 6/1 1937 Address 3624 ...