

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

13092

Reg. Dist. No. 118

State File No. _____

Primary Reg. Dist. No. 2114

CERTIFICATE OF DEATH

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Brown			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Ohio b. COUNTY Brown		
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE Higginsport, Ohio		c. LENGTH OF STAY (in this place) 65 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Higginsport		d. STREET (If rural, give location) ADDRESS
d. FULL NAME OF HOSPITAL OR INSTITUTION Higginsport, Ohio			d. STREET (If rural, give location) ADDRESS		
3. NAME OF DECEASED (TYPE OR PRINT) Harry		a. (First)	b. (Middle) Franklin	c. (Last) Sallee	4. DATE OF DEATH (Month) (Day) (Year) March 22 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 3, 1885	9. AGE (In years last birthday) 65	Under 1 Year Months I Days 19 If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Restaurant Owner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brown County, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William F. Sallee			14. MOTHER'S MAIDEN NAME Elizabeth Reed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		15. SOCIAL SECURITY NO. 294-14 A 5290	17. INFORMANT'S SIGNATURE <i>Mrs. Harry Dugan</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Chronic cardiovascular disease DUE TO (c) 430 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Seconds
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP)	(COUNTY)	(STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While or <input type="checkbox"/> Not White at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>March 22</u> , 19 <u>50</u> , and that death occurred at <u>4-5 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>H. J. C. M. S. Gann</i>		(Degree or title) M.D.	23b. ADDRESS Georgetown, O.		23c. DATE SIGNED March 24
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/50	24c. NAME OF CEMETERY OR CREMATORY Confidence Cemetery	24d. LOCATION (City, town, or county) (State) Georgetown, Ohio		
BIRTH NO. Do not write in this space			NAME OF EMBALMER H. Gleason Roberts		(LIC. NO.) 4118-A
DATE REC'D BY LOCAL REG. Mar. 30 '50	REGISTRAR'S SIGNATURE <i>Dwight Marriott</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert Tucker</i>		(LIC. NO.) 2677

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11