

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

15
1 PLACE OF DEATH
County Hamilton Registration District No. 494 File No. 49724
Township 227 Registered No. 4598
or Village St. John Hospital No. St. John Hospital St. St. John Hospital Ward St. John Hospital
or City Queens at 0 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Robert Spade
(a) Residence. No. St. John Hospital St. St. John Hospital Ward St. John Hospital
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (month, day and year) 9/7/24

4a If married, widowed or divorced HUSBAND of Karla Addison Spade (or) WIFE of Robert Spade

17 I HEREBY CERTIFY, That I attended deceased from 9/6 1924, to 9/8 1924 that I last saw deceased alive on 9/7 1924 and that death occurred, on the date stated above, at 9:50 P m.

6 DATE OF BIRTH (month, day, and year) 1-4-1877

18 CAUSE OF DEATH* was as follows:

7 AGE Years 47 Months 8 Days 3 If LESS than 1 day ... hrs. or ... min.

Atrophic Cirrhosis Liver
(duration) ... yrs. ... mos. ... ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Labors (b) General nature of industry, business, or establishment in which employed (or employee) any one (c) Name of employer any one

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

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

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

10 NAME OF FATHER Calvin Spade

Did an operation precede death? no Date of

11 BIRTHPLACE OF FATHER (city or town) Akron Ohio (State or country)

Was there an autopsy? no

12 MAIDEN NAME OF MOTHER Louise Myers

What test confirmed diagnosis? Clinical

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

(Signed) E. J. Moore M. D. 9/8 1924 (Address) 718 State

14 Informant Lois Spade (Address) Akron 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.)

15 SEP 1924 Registrar

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Akron Ohio DATE OF BURIAL 9-9-24

20 UNDERTAKER, License No. 2082a ADDRESS The John J. Radel Co. Cincinnati Ohio