

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

✓
Social Security
No. 269-03-9041
857533

1 PLACE OF BIRTH Beach
County Hamilton Primary Registration District No. 492 File No. _____
Township _____ Registration District No. _____ Registered No. 4175
or Village _____ No. 6227 St. 17 Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)
or City of Cincinnati
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 S. Duthoff Jr. Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 4211 Midland Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR or RACE _____ 5. SINGLE, MARRIED, Write the word Widowed or Divorced Married
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Nellie Crow
6. DATE OF BIRTH (month, day, and year) June 28-1873
7. AGE (years) Months Days If LESS than 1 day his. or min. 69 1 5

21. DATE OF DEATH (month, day, and year) Aug 3, 1942
22. I HEREBY CERTIFY, That I attended deceased from May 12, 1942, to Aug 3, 1942
I last saw him alive on Aug 2, 1942, death is said to have occurred on the date stated above at 3 A m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

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

Carcinoma of base of Date of onset _____
Tongue + Esophagus 5/12/42
45B

12. BIRTHPLACE (city or town) Cincinnati (State or country) Ohio
Father
13. NAME Berhardt Duthoff
14. BIRTHPLACE (city or town) Germany (State or country) _____
Mother
15. MAIDEN NAME Adelaide Moorman
16. BIRTHPLACE (city or town) Germany (State or country) _____

CONTRIBUTORY CAUSES of importance not related to principal cause: _____
Name of operation Bioopsy Date of 5/12/42
What test confirmed diagnosis? Bioopsy Was there an autopsy? NO

17. The Signature of INFORMANT Nellie Duthoff and (Address) 4211 Midland Ave
18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph's Date Aug 6 1942
19. FUNERAL FIRM John J. Kachel Co.
19a. BURIED BY J. J. Kachel Lic. No. 1438
Address 1212 State Ave
19b. EMBALMER J. S. Schaeffer Lic. No. 41377
20. FILED Aug 7, 1942 J. S. Schaeffer Registrar

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? NO
If so, specify _____
(Signed) Nellie Duthoff M. D.
Date 8 1942 Address 4211 Midland Ave