

OHIO DEPARTMENT OF HEALTH

COLUMBUS

4051

Reg. Dist. No. 1324
Primary Reg. Dist. No. 8493

CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

State File No. _____
Registrar's No. 117

1. PLACE OF DEATH:

(a) County Summit
(b) Akron
(City, Village, Township)
(c) Name of hospital or institution:
Circuit Court D. Navy Department
(If not in hospital or institution, write street No. or location)
(d) Length of stay: In hospital or institution _____ (Days)
In this community 2 yr 4 mo
(State, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Summit
(c) City or village Akron
(If outside city or village, write RURAL)
(d) Street No. 841 Amhurst St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. FULL NAME

John Andrew Ward
(a) If veteran, name war no (b) Social Security No. 289-12-627
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maeda 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 6 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 11 10 hr. min.9. Birthplace New Lexington Ohio
(City, town, or county) (State or foreign country)10. Usual occupation air craft worker11. Industry or business same12. Name Andrew J. Ward13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Helen McBrada15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's signature Joseph Deener(b) Address 883 Kenyon St17. (a) Burial, cremation, or other: (b) Date Feb. 20 45
(Month) (Day) (Year)(c) Place New Lexington, Ohio(d) FD Kennedy 2817A
(Name of Embalmer) (Lic. No.)18. (a) FD Kennedy 1956
(Signature of Funeral Director) (Lic. No.)(b) Address 936 Main St19. (a) 1/18/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 17
year 1945 hour 12-0 minute 1521. I hereby certify that I attended the deceased from Jan 17, 1945 to Jan 17, 1945:
that I last saw him alive on Jan 17, 1945:
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion from thrombosis
Duration victant

Due to _____

Due to MIOther conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy none done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature Dr. Frank Meola
(Specify if Doctor of Medicine or Osteopathy)Address G.A.C. Plant DDate signed 1-18-45

Underline the cause to which death should be charged statistically.