

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Montgomery Registration District No. 906 File No. 74410
Township..... Primary Registration District No. 8390 Registered No. 2745
or Village..... No. St., Ward
or City of Dayton Ohio (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F Whelan Did Deceased Serve in
U. S. Navy or Army.
(a) Residence. No. I4I Rockwood Ave St., 4 Ward. DEC 1929
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of Laura G Whelan (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/11/1890
7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
39 6 18

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Executive

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Delco Light Co

9 BIRTHPLACE (city or town) Kansas City Mo
(State or country)

10 NAME OF FATHER Martin C Whelan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Lilly Heald

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

14 Informant Laura G. Whelan
(Address) I4I Rockwood Ave

15 DEC 2 1929 Filed 15 419 Blumenthal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 11/29/29

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to 11/29, 1929 that I last saw him alive on 11/29, 1929 and that death occurred, on the date stated above, at 7.51a m.

(The CAUSE OF DEATH* was as follows:

Lymphosarcoma, generalized

(duration) yrs. mos. ds.

CONTRIBUTORY Terminal myocardial insufficiency (SECONDARY) (duration) yrs. mos. ds.

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

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy
Autopsy by W. W. Simpson M. D.
(Signed) 11/29/1929 (Address) Dayton, 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.)

19 PLACE of Burial, Cremation, or Removal Calvary Cemetery DATE OF BURIAL 12/3/29

20 UNDERTAKER Leo F. Walter ADDRESS Dayton O

20a EMBALMER Otto H Buechele LICENSE No. 14704