

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Harrison

Registration District No. 492

File No. 13540

Township 21

Primary Registration District No. 6227

Registered No. 13540

or Village Cinti. Ohio

No. 91 St. 71 Ward

or City of Cinti. Ohio

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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 George J. Yeager Did Deceased Serve in U. S. Navy or Army.....

(a) Residence. No. 2134 Hatmaker St. St. Ward

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White 5. SINGLE, MARRIED, With the word Widowed or Divorced Married

6. If Married, Widowed, or Divorced Husband of Tillie Stadlander Yeager (or) Wife of

6. DATE OF BIRTH (month, day, and year) June 5, 1874

7. AGE (years) Months Days If LESS than 1 day hrs. or min. 66 1 0

8. Trade, profession, or particular kind of work done, as Retired switch tender lawyer, bookkeeper, etc. Southern R.R.

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

12. BIRTHPLACE (city or town) Cinti. O. (State or country)

13. NAME Henry Yeager

14. BIRTHPLACE (city or town) Cinti. O. (State or country)

15. MAIDEN NAME Anna Leisner

16. BIRTHPLACE (city or town) Germany (State or country)

17. The Signature of Informant Tillie Yeager and (Address) 2134 Hatmaker St.

18. BURIAL CREMATION OR REMOVAL Place Spring Grove Date July 8 1940

19. FUNERAL FIRM

19a. BURIED BY Lic. No. 1435

19b. EMBALMER Lic. No.

20. FILED JUL 8 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5, 1940

22. I HERBY CERTIFY, That I attended deceased from 7-4-40 19..... to 7-5-40 19..... I last saw him alive on 7-5 19..... death is said to have occurred on the date stated above at 1 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Cerebral Accident hemorrhage

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? NO

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) Wilmington F. Runer M. D.

Date 7-6 19 40 Address 6901 Glenway