

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

66086

1 PLACE OF DEATH
County Trumbull Registration District No. 1242 File No. _____
Township Warren Primary Registration District No. 54 Registered No. 59
or Village _____ No. _____ St. _____ Ward _____
or City of Warren (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 4 1/2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Leon A. Ames Jr. Did Deceased Serve in _____
(a) Residence No. 124 Haymakers St. W. U. Ward. _____ U. S. Navy or Army _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Rena R Ames

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 54 Months 2 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as Pro. Baseball player, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as the mill saw mill, bank, etc. the mill

10. Date deceased last worked at this occupation (month and year) Sept 1923 Total time (years) 25 spent in this occupation _____

12. BIRTHPLACE (city or town) Warren (State or country) Penn.

13. NAME Fred. E. Ames

14. BIRTHPLACE (city or town) E. Warren (State or country) Penn.

15. MAIDEN NAME Mathie E. James

16. BIRTHPLACE (city or town) Warren (State or country) Penn.

17. The Signature of Informant Leon A. Ames Jr. and (Address) 124 Haymakers

18. BURIAL, CREMATION, OR REMOVAL Place Darwood Cem. Date Oct 10 1936

19. FUNERAL DIRECTOR W. J. White Lic. No. 1858 (Address)

19a. Was body embalmed? Yes Embalmer's Lic. No. 837A

20. FILED 10-9 56 Dr. M. J. Shapp Registrar.

21. DATE OF DEATH (month, day, and year) Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 at 5 PM 1936 to Oct 7 at 12:15 PM 1936
I last saw him alive on Oct 7 at 12:00 PM 1936 death is said to have occurred on the date stated above at 4:30 AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Respiratory failure caused by long standing case of Asthma Date of onset _____

CONTRIBUTORY CAUSES of importance not related to principal cause: Asthma - weakened condition and malnutrition during the last attack.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____
(Signed) Hyde H. Tracy, D.O.
Date Oct 5 1936 Address #9 Clifton Blk. Mans

OCCUPATION is very important. See instructions on back of certificate.