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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

420.1

07680

Reg. Dist. No.

1801

CERTIFICATE OF DEATH

State File No.

Registrar's No.

1025

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write RURAL or and give township) VILLAGE <u>Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>447 East 148th St.</u>		d. STREET (If rural, give location) ADDRESS <u>447 East 148th St.</u>	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Esty</u> b. (Middle) <u>C.</u> c. (Last) <u>Chaney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN. 29, 1891</u>	9. AGE (In years last birthday) <u>61</u> Under 1 Year? <u>0</u> If Under 24 Hrs. Months <u>0</u> Days <u>6</u> Hours <u>6</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired-Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>N.Y.C. R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Hadley, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13. FATHER'S NAME <u>Unknown</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No.</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE <u>Mrs. Belle Chaney</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asbestosis, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2/5/52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>4201</u> vise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>6171</u>
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22. I hereby certify that I attended the deceased from 6/4/45, 1945, to 2/5, 1952, and that death occurred at 2:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>628 E. 185</u>	23c. DATE SIGNED <u>2/6/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hadley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hadley Pa.</u>
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BIRTH NO.	Do not write in this space	NAME OF EMBALMER (LIC. NO.) <u>Robert Mullally 5620 A</u>
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DATE SIGNED BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 6 1952 [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>[Signature] 1963.</u>
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