

OHIO DEPARTMENT OF HEALTH 5810
DIVISION OF VITAL STATISTICS

64998

Reg. Dist. No. _____
Primary Reg. Dist. No. 1801

CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 8458

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u> b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Cleveland</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <u>St. John's Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u> c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Cleveland</u> d. STREET (if rural, give location) ADDRESS <u>1984 West 28th Street</u>	
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3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>James</u> b. (Middle) <u>C.</u> c. (Last) <u>Delahanty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 1953</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>6-20-1879</u>	9. AGE (In years last birthday) <u>74</u>	Under 1 Year Months <u>3</u> Days <u>27</u>	If Under 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Street Dept. City of Cleveland</u>	11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>James Delahanty</u>	14. MOTHER'S MAIDEN NAME <u>Bridget Croke</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE <u>Francis P. Smith</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <u>Hemorrhage, internal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Esophageal varices</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Portal cirrhosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5810</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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) _____	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7036</u>
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I hereby certify that I attended the deceased from 10/13/1953 to 10/17/1953, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Bradley Hall M.D.</u>	23b. ADDRESS <u>15644 Madison</u>	23c. DATE SIGNED <u>10/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cleveland Ohio</u>
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Sub-Registrar's Signature <u>T. S. Mullaly</u>	NAME OF EMBALMER (LIC. NO.) <u>2743 A</u>
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REG. DIST. LOCAL <u>1801</u>	REGISTRAR'S SIGNATURE <u>Francis P. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Anthony J. Pinal 701</u>
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