Form V. S, No. 11—200M—6-10-12

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Franklin

Township of ..... Registration District No. 397 File No. 39525029
or
Village of ..... Primary Registration District No. 817 Registered No. 2
or
City of Columbus No. State Hospital St., ... Ward)

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

2 FULL NAME John A Mondhine

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): divorced

6 DATE OF BIRTH: Unknown, 191... (Month) (Day) (Year)

7 AGE: About 35 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ball-player
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): United States

PARENTS

10 NAME OF FATHER: Do not Know

11 BIRTHPLACE OF FATHER (State or country): Do not Know

12 MAIDEN NAME OF MOTHER: Do not Know

13 BIRTHPLACE OF MOTHER (State or country): Do not Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C F Gillam Supt
(Address) Col. State Hosp.

15 Filed July 19, 1913 J W Keegan Registrar

11—3185

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7/19/1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/20, 191.3, to 7/19, 191.3 that I last saw h[illegible] alive on 7/18, 191.3, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Dementia paralytica

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) C F Gillam, M. D.
7/19, 1913 (Address) Col. St. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Greenlawn | DATE OF BURIAL: July 20, 1913

20 UNDERTAKER: Eyman Undtg Co | ADDRESS: 330 N Eighth

Per ES J Foley

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.