

## OHIO DEPARTMENT OF HEALTH

478

COLUMBUS

Reg. Dist. No. 4211

State File No. 4

Primary Reg. Dist. No. \_\_\_\_\_

## CERTIFICATE OF DEATH

Registrar's No. \_\_\_\_\_

Department of Commerce - Bureau of the Census

## 1. PLACE OF DEATH:

(a) County Butler

(b) Reily Twp.  
(City, town, or county)

(c) Name of hospital or institution:  
Carl Stander Farm  
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Days)  
In this community 44 yrs.  
(Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Butler

(c) City or village Hamilton  
(If outside city or village, write RURAL)

(d) Street No. 515 Laurel Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. FULL NAME William Lee Stobbs

(a) If veteran, World War one (b) Social Security name war War one No. none

4. Sex Male race White 5. Color or divorced Married6. (b) Name of husband or wife Margaret Stobbs 6. (c) Age of husband or wife if alive 41 years7. Birth date of deceased May 7, 1893  
(Month) (Day) (Year)8. AGE: Years 51 Months 7 Days 28 If less than one day hr. min.9. Birthplace Granville Ohio (City, town, or county) (State or foreign country)10. Usual occupation Owner & Manager11. Industry or business Stobbs Beer Dist. Agency12. Name William Stobbs13. Birthplace Granville Ohio (City, town, or county) (State or foreign country)14. Maiden name RETURN TIBBETTS15. Birthplace Granville Ohio (City, town, or county) (State or foreign country)16. (a) Informant's signature Mrs Margaret Stobbs(b) Address 515 Laurel Ave Hamilton, Ohio17. (a) Burial, cremation, or other; (b) Date JAN. 8, 1945  
(Month) (Day) (Year)(c) Place St Stephen Cem. Hamilton Ohio(d) J. Richard Wagner 4418 ft  
(Name of Embalmer) (Lic. No.)18. (a) Dodgson J. Wagner 1807  
(Signature of Funeral Director) (Lic. No.)(b) Address Hamilton, Ohio19. (a) Jan. 10, 1945 (b) Ernest Nively  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Jan day 5 year 1945 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of headDue to Accidental discharge of his shot-gunDue to 154Other conditions (Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Major findings of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Jan 5 - 1945(c) Where did injury occur Reily township Butler Ohio  
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? on a farm  
(Specify type of place)While at work? \_\_\_\_\_ (e) How did injury occur? shot while hunting23. Signature Edwin Cook, Coroner  
(Specify if Doctor of Medicine or Osteopathy)Address Hamilton Ohio Date signed 5-45

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