

OHIO DEPARTMENT OF HEALTH

55005

COLUMBUS

Reg. Dist. No. 904Primary Reg. Dist. No. 5372

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

State File No. _____

Registrar's No. 2215

1. PLACE OF DEATH

(a) County Montgomery
 (b) Dayton
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street No. or location)
 (d) Length of stay: In hospital or institution _____ (Days)
 In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Montg
 (c) City or village Dayton
 (d) Street No. 488 Sheloh Dr
 (e) If foreign born, how long in U. S. A.? _____ years.

3. NAME

(a) If veteran, name war _____ (b) Social Security No. _____

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 8, 1883

8. AGE: Years 62 Months 2 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Dayton Ohio

10. Usual occupation _____

11. Industry of business _____

12. Name Thomas B. Holmes

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant's signature William Holmes

(b) Address Dayton

17. (a) Burial, cremation, or other: Sept 21, 1945

(c) Place Woodland

(d) P. B. Hall 238

(e) Michael Dean 901

(b) Address Dayton

19. (a) 9-21-1945

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 18 year 1945 hour 7 minute 40 AM

21. I hereby certify that I attended the deceased from _____, 1945 to Sept 17, 1945; that I last saw him alive on Sept 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with probable cerebral embolism
 Due to CHD

Other conditions _____
 (Exclude pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Indicate the cause to which death should be assigned statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) How did injury occur? _____

While at work? _____ (Specify type of plant)

23. Signature Warren B. Bradford D.O.

Address 703 Reihiler St Date dated 9-20-45

Dayton