

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2709
145

1 PLACE OF DEATH

County Hamilton Registration District No. 434 File No. 2709
Township _____ Primary Registration District No. 3227 Registered No. 145
or Village _____ No. _____, _____ St., _____ Ward
or City of Cincinnati (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

2 FULL NAME JOHN LALLY Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 955 Army Ave St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Lally
6. DATE OF BIRTH (month, day, and year) Feb-16-1870
7. AGE Years 61 Months 10 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (month, day, and year) Jan 8, 1932
22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1932 to Jan 8, 1932
I last saw him alive on Jan 8, 1932 death is said to have occurred on the date stated above at 2:30 p.m.

THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Carcinoma of stomach Date of onset 1920

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

CONTRIBUTORY CAUSES of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) Cincinnati, O.

13. NAME James Lally

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Margaret Bodenan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Name and Address) Ella Lally 955 Army Ave

18. BURIAL CREMATION OR REMOVAL Interred Date Jan 12, 1932

19. UNDERTAKER (Address) Cincinnati

19a. Was body embalmed? Yes Embalmer's No. 1264

20. DEATH 11 1932 19 _____ Registrar. Evelyn Gray

Name of operation Exploratory Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. B. Mitchell M. D.

Date Jan 11, 1932 Address 840 Dayton