

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

1 PLACE OF DEATH
County Hamilton *Clersburg* Registration District No. 198 File No. 25660
Township _____ Primary Registration District No. 2192 Registered No. _____
or Village Loveland No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Clifford (Tacks) Latimer Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Park Ave St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of Mildred Shawhan (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Nov 30, 1877
7. AGE Years 58 Months _____ Days _____ If LFSS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Loveland (State or country) Ohio

13. NAME John Wesley Latimer

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Nora McAdams

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

17. INFORMANT Mrs Mildred Latimer and (Address) Park ave, Loveland, Ohio.

18. BURIAL, CREMATION, OR REMOVAL Place Milford Ohio. Date April 27, 1936

19. FUNERAL DIRECTOR L. S. Laska Lic. No. 1768 (Address) Loveland Ohio

19a. Was body embalmed yes Embalmer's Lic. No. 3234a

20. FILED 4-25 1936 P. H. Boyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1936 to same, 1936

I last saw him alive on 4/24, 1936. Death is said to have occurred on the date stated above at 4 P m.

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

Cornary Occlusion (Date of onset) 4/24/36

CONTRIBUTORY CAUSES of importance not related to principal cause:
none known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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? yes

If so, specify _____

(Signed) Joseph E. Stuberberg M. D.

Date 4/25, 1936 Address Loveland, Ohio