

## 1 PLACE OF DEATH

County Cuyahoga

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City of Cleveland

Length of residence in city or town where death occurred \_\_\_\_\_

## 2 FULL NAME

(a) Residence. No. Monaca Manor St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

## DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

(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 \_\_\_\_\_

Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army \_\_\_\_\_

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE N. 5. SINGLE, MARRIED, Widowed or Divorced Married6. If Married, Widowed, or Divorced Husband of (or) Wife of Christina6. DATE OF BIRTH (month, day, and year) July 24-1878

7. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Monaca, Pa. (State or country)13. BIRTHPLACE (city or town) H. Lindsay (State or country)14. BIRTHPLACE (city or town) Alagady, Pa. (State or country)15. MAIDEN NAME Elizabeth Huggs16. BIRTHPLACE (city or town) Beaver Co., Pa. (State or country)17. The Signature of Christina Lindsay (State or country) \_\_\_\_\_18. BURIAL, CREMATION, OR REMOVAL Monaca, Pa. Date 1/25 194119. FUNERAL FIRM Waltz & Ramer Co.19a. BURIED BY Waltz & Ramer Co. Lic. No. 1441 Address P.O. 9 - Buckle over19b. EMBALMER Waltz & Ramer Co. Lic. No. 2937A20. FILED JAN 25 1941 Registrar \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-25, 194122. I HERBY CERTIFY, That I attended deceased from 1-25 1941 to 1-25 1941I last saw him alive on 1-25 1941 death is said to have occurred on the date stated above at 9:30 A.M.

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

Anesthetic Heart Date of onset 1/25/41Respiratory Failure Cerebral Failure Nitrous oxide & oxygen anestheticCONTRIBUTORY CAUSES of importance not related to principal cause: Neurogenic Sarcoma admission

No type of heart disease

Name of operation Neurectomy Date of 1/25/41What test confirmed diagnosis? Ray 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 \_\_\_\_\_

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? NOIf so, specify \_\_\_\_\_ (Signed) Thomas E. Jones M. D. Date 1/25 1941 Address 2045 E. 90