

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

62225

Reg. Dist. No. 494

## CERTIFICATE OF DEATH

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

Primary Reg. Dist. No. 8227Registrar's No. 6018

1. PLACE OF DEATH (Cincinnati): <u>C.</u> a. COUNTY <u>HAMILTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Hamilton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR and give township) VILLAGE <u>CINCINNATI</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTERS OF THE POOR</u>		d. STREET (if rural, give location) ADDRESS <u>2024 Florence Ave.</u>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>MALARKEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 29 - 1949</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>MAY 4, 1878</u>
9. AGE (In years last birthday) <u>77</u>		Under 1 Year Months _____ Days _____	If Under 24 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Electric Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, OHIO</u>
13. FATHER'S NAME <u>JOHN MALARKEY</u>		14. MOTHER'S MAIDEN NAME <u>ANNA MCNULEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE <u>Dr. Alice S. ...</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u> DUE TO (c) <u>4901</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>49</u> , to <u>Oct 29</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. ...</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3136 Lorainville</u>	
23c. DATE SIGNED <u>11-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/31/49</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>TIFFIN, Ohio</u>	
BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) <u>Harry Smith</u> <u>3978-A</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 10 1949</u> <u>R. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>John J. ...</u> <u>35</u>	