

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Cuyahoga
Township _____

Registration District No. 8116

No. 253-02-1211
File No. 1450

or Village _____
or City of Cleveland

Primary Registration District No. _____
Registered No. 0307
No. St. Vincent's Charity Hospital St. _____ Ward _____
(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 _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME Mr. Charles W. Mears

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. 10600 Pasadena 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 Married
6. DATE OF BIRTH (month, day, and year) June 23, 1874
7. AGE (years) Months Days 68 6 16 If LESS than 1 day or _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising
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) (State or country) Mohrsville Ohio

13. NAME Geo. W. Mears

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

15. MAIDEN NAME Lucinda Musselman

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

17. The Signature of INFORMANT Emerson Mears
and (Address) 10600 Pasadena Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lake View Date Dec 12th 1942

19. FUNERAL FIRM William & Thomas

19a. BURIED BY E. W. Mears Address 111 1/2 South 1st

19b. EMBALMER W. B. Jones Address 111 1/2 South 1st

20. FILED DEC 11 1942 REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9-1942

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1942 to 12-9 1942
I last saw ~~him~~ alive on 12-8 1942; death is said to have occurred on the date stated above at 4:55 am.

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

Acute heart failure
resulting of arteriosclerosis
heart disease - considerable
pulmonary edema
Date of onset 12-3-42

CONTRIBUTORY CAUSES of importance not related to principal cause:
Opelloma of bladder
(non-malignant)
56F

Name of operation Cystoscopy Date of 12-3-42
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 _____ 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) Willard C. Stone, Jr. D.
Date 12-9 1942 Address Charity Hospital
Cleveland O

DEPUTY