

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

28347
fd

1 PLACE OF DEATH

County Hamilton Registration District No. 495 File No. 28347
 Township SPRINGFIELD Primary Registration District No. 4745 Registered No. fd
 or Village CHRONIC DISEASE HOSPITAL No. _____ St., _____ Ward _____
 or City of COUNTY HOME (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 Mitchell, Robert

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

(a) Residence. No. Cincinnati, Ohio 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) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

4. DATE OF BIRTH (month, day, and year) 2-6-56

7. AGE Years 77 Months 2 Days 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinster, lawyer, bankkeeper, etc. Baseball player
 9. Industry or business in which work was done, as mill, bank, etc. Professional league
 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) Ohio

13. NAME McKasha Mitchell

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

15. MAIDEN NAME Francis Dickson

16. BIRTHPLACE (city or town) _____ (State or country) New York

17. INFORMANT Louise D. Mankie and (Address) CHRONIC DISEASE HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Date 5/2/55

19. UNDERTAKER John Hadley (Address) 9501 Vine St.

19a. Was body embalmed? Yes Embalmer's Name Wm. C. Culberson

20. FILED 5/1/55 C. P. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-1, 1953

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1933 to 5-1, 1953

I last saw him alive on 5-1, 1953, death is said to have occurred on the date stated above at 4:10 P.M.

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

Generalized arteriosclerosis
Intermittent heart failure
930 (chronic myocarditis)

CONTRIBUTORY CAUSES of importance not related to principal cause:

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 _____

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) S. P. Sewon M. D.

Date 5/2/55 Address CHRONIC DISEASE HOSPITAL