

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

60426

Reg. Dist. No. 31

State File No. _____

Primary Reg. Dist. No. 3100

CERTIFICATE OF DEATH

Registrar's No. 558

1. PLACE OF DEATH

a. COUNTY Hamilton

b. CITY (If outside corporate limits, write RURAL or VILLAGE) Rowland O #2

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE Ohio

b. COUNTY Hamilton

c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Rowland O

d. STREET (If possible give location) ADDRESS W + 10 #2

3. NAME OF DECEASED (TYPE OR PRINT)

a. (First) Jack

b. (Middle) _____

c. (Last) PIESTER

4. DATE OF DEATH (Month) (Day) (Year) Sept 3 53

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 24 1878

9. AGE (In years last birthday) 75 3 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Ball Player

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Camp Washington, Perry Ohio, U.S.A.

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Theodore Nagenbuch

14. MOTHER'S MAIDEN NAME Margaret Lynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? no

16. SOCIAL SECURITY NO. _____

INFORMANT'S SIGNATURE Mrs Ruth Piester

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Moderate arterio sclerosis

DUE TO (c) 177X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. leg amputated

19a. DATE OF OPERATION 5 years ago

19b. MAJOR FINDINGS OF OPERATION castrated 5 years ago

20. AUTOPSY? Yes No

INTERVAL BETWEEN ONSET AND DEATH 5 years

12 yrs ago

21a. ACCIDENT SUICIDE HOMICIDE X (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) Hamilton O

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 2 51 m.

21e. INJURY OCCURRED While at Work Not While at Work

21f. HOW DID INJURY OCCUR? slipping across ditch

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE J P Lever (Degree or title)

23b. ADDRESS Rowland O

23c. DATE SIGNED Sept 7-53

24a. BIRTH NO. _____

24b. DATE Sept 7-53

24c. NAME OF CEMETERY OR CREMATORY Union

24d. LOCATION (City, town, or county) (State) Rowland Ohio

NAME OF EMBALMER (LIC. NO.) J P Lever 4414 A

DATE REC'D BY LOCAL REG. 9-9-53

REGISTRAR'S SIGNATURE Margaret Oldroyd

25. GENERAL DIRECTOR'S SIGNATURE (LIC. NO.) R O Supt 1768