

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

D. J. Thurman  
Social Security

1 PLACE OF DEATH  
County Scioto Registration District No. 1160 File No. 11551  
Township \_\_\_\_\_ Primary Registration District No. 8450 Registered No. 119  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Portsmouth (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 Earl D. Smith Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. Law 1131 22nd St St. \_\_\_\_\_ Ward \_\_\_\_\_ (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) Jan 20 - 1891  
7. AGE (years) Months Days If LESS than 1 day or \_\_\_\_\_ min. 52 | 1 | 22

8. Trade, profession, or particular kind of work done, as Plumber  
9. Industry or business in which work was done, as ordnance Plant  
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) Oak Hill, Ohio

13. NAME E. W. Smith

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

15. MAIDEN NAME Priscilla Leonard

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

17. The Signature of INFORMANT Mrs Earl Smith and (Address) 1131 22nd St Portsmouth, O.

18. BURIAL, CREMATION, OR REMOVAL Place Memorial Park Date Mar 17 1943

19. FUNERAL FIRM James H. Leonard

19a. BURIED BY at home Lic. No. 1882  
Address 1503 Adams St Portsmouth, O.

19b. EMBALMER Robert D. Jones Lic. No. 32794

20. FILED 1-18-43 J. B. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1943  
22. I HEREBY CERTIFY, That I attended deceased from 3-10-1943 to 3-13-1943  
I last saw deceased alive on 3-13-1943 death is said to have occurred on the date stated above at 9 15 p m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Intestinal obstruction 3-9-43  
122P

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation Laparotomy Date of 3-10-43  
What test confirmed diagnosis? — Was there an autopsy? —

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) H. Thurman

Date 3-17-1943 Address 1038 Cambridge Ave Portsmouth, Ohio