

OHIO DEPARTMENT OF HEALTH

66076

Reg. Dist. No. _____

COLUMBUS

State File No. _____

Primary Reg. Dist. No. 5118

CERTIFICATE OF DEATH

Registrar's No. 9120

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:

(a) County Cuyahoga
 (b) Cleveland
(City, Village, Township)
 (c) Name of hospital or institution:
University Hospitals of Cleveland
(If not in hospital or institution, write street No. or location)
 (d) Length of stay: in hospital or institution 11
(Days)
 In this community 26
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga
 (c) City or village Cleveland
(If outside city or village, write RURAL) 1KE
 (d) Street No. 12215 Ashbury
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. NAME WILBURT ARLINGTON
(Arlie) Tarbert

(a) if veteran, name war NO (b) Social Security No. 712-14-9977

4. Sex MALE 5. Color, or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PAULINE 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased SEPT 10 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months _____ Days _____
 If less than one day 42 hr. _____ min.

9. Birthplace CLEVELAND OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation WAR MANPOWER COMM

11. Industry or business U S GOVERNMENT

12. Name HARRY TARBERT

13. Birthplace DENVISON OHIO
(City, town, or county) (State or foreign country)

14. Maiden name ELLA CATHCART

15. Birthplace CLEVELAND OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Pauline Tarbert

(b) Address 12215 ASHBURY AVE

17. (a) Burial, cremation, or other; (b) Date 11 30 1946
(Month) (Day) (Year)

(c) Place LAKE VIEW

(d) EMIL GOLUB 4913A
(Name of Embalmer) (Lic. No.)

18. (a) W. H. Abel 212
(Signature of Funeral Director) (Lic. No.)

(b) Address 7017 SUPERIOR AVE

19. NOV 30 1946 (b) Ed. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month November day 27
 year 1946 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11 - 16, 1946 to 11 - 27, 1946
 that I last saw him alive on 11 - 27, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Recent & Remote myocardial infarction

Due to coronary artery thrombosis

Due to coronary atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature _____
(Specify if Doctor of Medicine or Osteopathy)

Address University Hospitals 2065 Adelbert Date signed _____

Underline the cause to which death should be charged statistically.