

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of SummitTownship of _____ Registration District No. 557 File No. 5240or
Village of _____ Primary Registration District No. 5060 Registered No. 68or
City of Akron (No. 448 City Hospital St. 7th Ward)(If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."FULL NAME Daniel H. Wise(If death occurred in a
hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE WhiteDATE OF BIRTH Aug 18th 1857
(Month) (Day) (Year)AGE 52 years, 5 months, 4 daysSINGLE, MARRIED,
WIDOWED, OR DIVORCED MarriedBIRTHPLACE
(State or Foreign Country) OhioOCCUPATION Foreman - Dist. Rubber Co.NAME OF FATHER Daniel WiseBIRTHPLACE OF FATHER
(State or Foreign Country) Pa.MAIDEN NAME OF MOTHER Sarah YearyBIRTHPLACE OF MOTHER
(State or Foreign Country) Pa.THE ABOVE STATED PERSONAL PARTICULARS ARE
TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF(Informant) Mrs. Samuel H. Wise(Address) Akron, OhioFiled Jan 24 1910Arthur J. Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22nd 1910
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Jan 18 10 10 to Jan 22 10 10that I last saw him alive on Jan 22 1910and that death occurred, on the date stated above, at 35

A. M. The CAUSE OF DEATH was as follows:

Respiratory(Duration) 3 DaysContributory appended(Duration) 5 Days(Signed) E. Blundell M. D.1-23 10 10 (Address) AkronSPECIAL INFORMATION only for Hospitals, Institutions, Trans-
sients, or Recent Residents.Former or Usual Residence _____ How long at
Usual Residence _____ Place of Death? _____ DaysWhere was disease contracted,
if not at place of death? _____PLACE OF BURIAL or REMOVAL Glendale Vault DATE OF BURIAL Jan 24 1910UNDERTAKER THE BILLOW SONS CO, AKRON, OHIO
By Chas. F. Billow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.