

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Lorain Registration District No. 1224 File No. 79183
Township..... Primary Registration District No. 8493 Registered No. 2422
or Village..... No. St. Thomas St. Ward.....
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Akron
Length of residence in city or town where death occurred..... yrs..... mos..... da. How long in U. S., if of foreign birth..... yrs..... mos..... da.

2 FULL NAME Joseph V. Battis Akron Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 205 Broadway St., Ward.....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. COLOR or RACE W 5. SINGLE, MARRIED, Write the word
Widowed or Divorced Widowed
5a. If Married, Widowed, or Divorced Husband of (or) Wife of
6. DATE OF BIRTH (month, day, and year) Nov 11 - 1951
7. AGE (years) Months Days If LESS than 1 day..... hrs. of..... min.
86 0 29
8. Trade, profession, or particular kind of work done, as Retired
sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as Bricklayer
saw mill, bank, etc.
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) Unknown

13. NAME M
14. BIRTHPLACE (city or town) (State or country) M
15. MAIDEN NAME M
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT The Signature of Joseph Thomas
and (Address) 1000 East 12th St. Bldg.

18. BURIAL, CREMATION, OR REMOVAL Place Wendover Cem. Date 12-13-1997

19. FUNERAL FIRM Edward Funeral Home
19a. BURIED BY akron ohio Lic. No. 596
Address

19b. EMBALMER Russell H. Kahan Lic. No. 2765

20. FILED 12/11 1997

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 1997
22. I HEREBY CERTIFY, That I attended deceased from 12-7 1997 to 12-10 1997.
I last saw him alive on 12-10 1997, death is said to have occurred on the date stated above at 12:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Brain aneurysm 12-6-97
(PRIMARY CAUSE)
10/10

CONTRIBUTORY CAUSES of importance not related to principal cause:
Senility

Name of operation None Date of None
What test confirmed diagnosis? Exam Was there an autopsy? no

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.H. Buckingham M. D.

Date 12/11 1997 Address St. Thomas Hosp.
Akron, Ohio