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

1 PLACE OF DEATH

County Kanawha

Township _____

or Village _____

or City of Lebanon

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds.

2 FULL NAME Charles Bell

(a) Residence. No. 2577 Treavor

(Usual place of abode)

Registration District No. 494

Primary Registration District No. 3227

No. CINCINNATI GENERAL HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. 10786

Registered No. 957

St. _____ Ward _____

866

Did Deceased Serve in U. S. Navy or Army _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, Widowed or Divorced <u>Married</u>
5a. If Married, Widowed or Divorced Husband of _____ (or) Wife of <u>Mary Meyer</u>		
6. DATE OF BIRTH (month, day, and year) <u>Aug 12 - 1866</u>		
7. AGE (years) Months Days <u>68</u> <u>5</u> <u>1</u>	If LESS than 1 day _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as <u>Watered Patagonian</u> <u>sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill</u> <u>saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Cincinnati Ohio</u> (State or country)		
13. NAME <u>Louise Bell</u>		
14. BIRTHPLACE (city or town) _____ (State or country)		
15. MAIDEN NAME <u>Louise Hinkley</u>		
16. BIRTHPLACE (city or town) _____ (State or country)		
17. SIGNATURE OF INFORMANT <u>Mary Bell</u> and (Address) <u>3577 Treavor Pl</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Beckley</u> Date <u>Feb 10</u> 193 <u>7</u>		
19. FUNERAL FIRM <u>Buss & Bergmann</u>		
19a. BURIED BY _____ Address _____		
19b. EMBALMER <u>H. Beckley</u> Address _____		
20. FILED <u>FEB 8 - 1937</u> <u>Cincinnati</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 - 1937

I HEREBY CERTIFY that I attended deceased from Jan 13 1937 to Feb 7 1937

I last saw him alive on Feb 7 1937, death is said to have occurred on the date stated above at 8:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Empyema following
Bronchial Pneumonia

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ Date of _____

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? _____

If so, specify _____
(Signed) H. H. Langdon M. D.
Date _____ 1937 Address _____

OCCUPATION is very important. See instructions on back of certificate.