

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH  
County Stark Registration District No. 1206 File No. 19653  
Township Canton Primary Registration District No. 84F2 Registered No. 209  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of Canton  
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 William L. Delaney Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. 802 High Ave. N.W. 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, Write the word Widowed or Divorced married  
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Anna  
6. DATE OF BIRTH (month, day, and year) Mar. 25 - 1863  
7. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 78 11 27  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as silk mill, 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) Cincinnati Ohio  
13. NAME John Delaney  
14. BIRTHPLACE (city or town) (State or country) Ireland  
15. MAIDEN NAME Bridget Murphy  
16. BIRTHPLACE (city or town) (State or country) Ireland  
17. The Signature of INFORMANT and (Address) Joseph Delaney Canton, Ohio  
18. BURIAL INFORMATION, OR REMOVAL Place St. Joseph's Date 3/14 1942  
19. FUNERAL FIRM Engelhardt & Sons  
20a. BURIED BY Engelhardt & Sons  
Address Canton, Ohio  
20b. EMBALMER Chas. Poppleton  
Address 44207A Canton, Ohio  
20. FILED 3-3 1942 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1, 1942  
22. I HERBY CERTIFY That I attended deceased from June 1940 to March 1, 1942. I last saw him alive on March 1, 1942 death is said to have occurred on the date stated above at 5:30 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Cerebral hemorrhage  
Arteriosclerosis  
Date of onset \_\_\_\_\_  
CONTRIBUTORY CAUSES of importance not related to principal cause: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) E. A. Vohler M. D.  
Date 3/2 1942 Address 123 Columbus Ave

Important. See instructions on back of certificate.