

1 PLACE OF DEATH

County Hamilton

Township

or Village

or City of Cincinnati Ohio

Length of residence in city or town where death occurred

2 FULL NAME

(a) Residence

No. Phillips Street

(Usual place of abode)

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

No. CINCINNATI GENERAL HOSPITAL

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

Did Deceased Serve in U. S. Navy or Army

No. Chronic HospitalSt. Spangfield

City or town and state

No.

494

File No.

11015

Registered No.

4369St. NR

Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced Married6. If Married, Widowed, or Divorced Husband of Ella Hayes6. DATE OF BIRTH (month, day, and year) Aug 31 18687. AGE (years) Months Days 71 10 29 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ball Player

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 17 1/212. BIRTHPLACE (city or town) Louisville (State or country) Kentucky13. NAME Valentine Christ14. BIRTHPLACE (city or town) Berryman (State or country)15. MAIDEN NAME Catherine Smith16. BIRTHPLACE (city or town) Berryman (State or country)17. The Signature of Informant and (Address) Nissa Addie Boyd
Hamilton Co. Ohio18. BURIAL, CREMATION, OR REMOVAL Place Rosch Date Aug 1 194019. FUNERAL FIRM Wm. J. Sullivan19a. BURIED BY Wm. J. Sullivan No. 26
Address 2916 Woodlawn Ave19b. FORMALER Wm. J. Sullivan Lic. No. 446720. FILED AUG 1 1940 Joe Sack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 194022. I HERBY CERTIFY that I attended deceased from July 17 1940 to July 28 1940I last saw him alive on July 28 1940 death is said to have occurred on the day stated above at 8:35 P.M.

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

Carcinoma RectumPr Pneumonia

CONTRIBUTORY CAUSES of importance not related to principal cause:

Pr Pneumonia

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

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) Stanley Jovan M. D.CINCINNATI GENERAL HOSPITAL Address

Date