

OHIO DEPARTMENT OF HEALTH

74716

Reg. Dist. No. 392
Primary Reg. Dist. No. 8187

COLUMBUS

State File No. _____

CERTIFICATE OF DEATH

Registrar's No. 5328

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:

(a) County Franklin
(b) Columbus
(City, Village, Township)
(c) Name of hospital or institution: Grant Hospital
(If not in hospital or institution, write street No. or location)
(d) Length of stay: In hospital or institution 10 (Days)
In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Licking
(c) City or village Cambridge
(If outside city or village, state location)
(d) Street No. 124 N. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. NAME

FULL Wesley T. Gaston
(a) If veteran, name war _____ (b) Social Security No. _____4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Gertrude Gaston 6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased Dec. 19 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 11 24 hr. min.9. Birthplace Wesley, Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Baseball Umpire

11. Industry or business _____

12. Name Wesley T. Gaston13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's signature Gertrude Gaston
(b) Address 124 N. 9th St. Cambridge, Ohio17. (a) Burial, cremation, or other: (b) Date Dec 14/44
(Month) (Day) (Year)
(c) Place Northwood Cem. Cambridge Ohio(d) Ralph Hanna 4396 A
(Name of Embalmer) (Lic. No.)18. (a) Carl A. Scott 1578
(Signature of Funeral Director) (Lic. No.)
(b) Address Cambridge, Ohio19. (a) 1-8-45 (b) J. Herbert Mumm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Dec. day 13
year 1944 hour 2 minute 25 A.M.21. I hereby certify that I attended the deceased from 12-11, 1944 to 12-13, 1944:
that I last saw him alive on 12-13, 1944
and that death occurred on the date and hour stated above. Duration
Immediate cause of death _____A auto myocardial
Due to myocardial _____ 7 daysDue to 13 1/2
Other conditions (Include pregnancy within 3 months of death) _____Major findings of operation Adenoma of prostate
hypertrophy (benign)
Major findings of autopsy _____

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) How did injury occur? _____

23. Signature Frank W. Harrah MD
(Specify if Doctor of Medicine or Osteopathy)
Address Columbus Ohio Date signed 12/14/44

THIS CERTIFICATE SHALL BE PRINTED LEADING ON