

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

Reg. Dist. No. 1176  
Primary Reg. Dist. No. 8460State File No. 64350  
Registrar's No. 1601. PLACE OF DEATH  
(a) County Hancock Seneca(b) Fortonia  
(City, Village, Township)(c) Name of hospital or institution:  
Fortonia City Hospital  
(If not in hospital or institution, write street No. or location)(d) Length of stay: In hospital or institution \_\_\_\_\_ (Days)  
In this community 16 years (Years, months or days)2. USUAL RESIDENCE OF DECEASED:  
(a) State Ohio (b) County Seneca(c) City or village Fortonia  
(If outside city or village, write RURAL)(d) Street No. 255 Buckner  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. FULL NAME Scott D. Hardisty  
(a) If veteran, name war \_\_\_\_\_ (b) Social Security No. \_\_\_\_\_4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Nettie Hardisty 6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased Jan 26 1910  
(Month) (Day) (Year)8. AGE: Years 74 Months 9 Days 3 If less than one day 30 hr. 30 min.9. Birthplace Belleville Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name John Hardisty13. Birthplace Belleville Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Mildred Dister15. Birthplace Belleville Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's signature Nettie Hardisty  
(b) Address Fortonia Ohio17. (a) Burial, cremation, or other: (b) Date Nov. 1 1944  
(c) Place Belleville Ohio  
(d) A. L. Mann 1394  
(Name of Embalmer) (Lic. No.)18. (a) A. L. Mann 1177  
(Signature of Funeral Director) (Lic. No.)(b) Address Fortonia Ohio19. (a) 11/1/44 (b) William M. Claxton  
(Day received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Oct day 29  
year 1944 hour 6 P.M. minute \_\_\_\_\_21. I hereby certify that I attended the deceased from Oct 28, 1944, to Oct 29, 1944.  
that I last saw him alive on Oct 29, 1944.  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_Immediate cause of death Pathologic fracture leftDue to lower femur dueto old Charcot jointDue to which was probably due toa tuberculous whichOther conditions probably due  
(Include pregnancy within 9 months of death)Major findings of operation to syphilis

Major findings of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_(b) Date of occurrence Really no injury(c) Where did injury occur? at home  
(City or village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) How did injury occur? \_\_\_\_\_

23. Signature L. C. Gerlinger M.D.  
(Specify if Doctor of Medicine or Osteopath)Address Fortonia Ohio Date signed 10/31/44

Mother

F.S. 11

Pathologic fracture