

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

Reg. Dist. No. 769Primary Reg. Dist. No. 8349State File No. 71731Registrar's No. 5455

1. PLACE OF DEATH:

(a) County LUCAS(b) TOLEDO
(City, Village, Township)(c) Name of hospital or institution:
TOLEDO-NOSP
(If not in hospital or institution, write street No. or location)(d) Length of stay: In hospital or institution
In this community 32 (Days)
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County LUCAS(c) City or village TOLEDO
(If outside city or village, write RURAL)(d) Street No. 2903-111st
(If rural, give location)(e) If foreign born, how long in U. S. A.? DEC years.3. FULL NAME TOLLY-F. HARTSEL

(a) If veteran, name war _____ (b) Social Security No. _____

4. Sex MALE race WHITE 5. Color or divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 25 1874
(Month) (Day) (Year)8. AGE: Years 70 Months 3 Days 19 If less than one day hr. min.9. Birthplace POLK OHIO
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED Ball11. Industry or business MAJOR-LEAGUE Player12. Name HENRY-HARTSEL13. Birthplace WOOSTER OHIO
(City, town, or county) (State or foreign country)14. Maiden name HARRIET SWISHER15. Birthplace WOOSTER OHIO
(City, town, or county) (State or foreign country)16. (a) Informant's signature Louis Kingert(b) Address 2903-111st St.17. (a) Burial (cremation or other); (b) Date 10 17 44
(Month) (Day) (Year)(c) Place Woodlawn(d) Geo W Eagon 4902A
(Name of Embalmer) (Lic. No.)18. (a) Geo W Eagon 11
(Signature of Funeral Director) (Lic. No.)(b) Address Toledo Ohio19. (a) OCT 30 1944 Geo W Eagon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 10 day _____ year 1944 hour 10 minute 0021. I hereby certify that I attended the deceased from May 24, 1944, to Oct 19, 1944; that I last saw him alive on Oct 19, 1944; and that death occurred on the same and hour stated above.Immediate cause of death Diabetes mellitus 6 mo.Due to 6/

Due to _____

Other conditions arterio 6 mo.
(Include pregnancy within 3 months of death) sclerosis

Major findings of operation _____

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 _____

(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? _____

While at work? _____ (Specify type of place)

(e) How did injury occur? _____

23. Signature John D. Orwig M.D.
(Specify if Doctor of Medicine or Osteopathy)Address 312 1/2 N. Main Date signed 10/18/44

Mother Father

11-54