

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓
1340
259

1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. 1340
Township Adams Primary Registration District No. 2158 Registered No. 259
or Village Wapakoneta No. 2617 Calverton Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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 Harry S. Hinchman Did Deceased Serve in
U. S. Navy or Army
(a) Residence. No. 2617 Calverton Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Matilda Metz Hinchman (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 4, 1878
7. AGE Years 54 Months 5 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as Base Ball Manager
sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as Bowling Alleys
saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 8/17/32 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

MOTHER FATHER 13. NAME Charles Hinchman

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Susie Coston

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. The Signature of Informant and (Address) James H. Bumpert
527 Temple St. Toledo O.

18. BURIAL, CREMATION OR REMOVAL Memorial Park Date Jan. 21, 1933

19. UNDERTAKER Coughlin & Hagedorn
(Address) Toledo

19a. Was body embalmed yes Embalmer's No. 29589

20. FILED 1/22, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Jan 19, 1933

I last saw him alive on Jan 19, 1933 death is said to have occurred on the date stated above at 9:30 a.m.

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

Myocardial degeneration with aortic stenosis
920

CONTRIBUTORY CAUSES of importance not related to principal cause:

Pulmonary and hepatic oedema along with general anaemia
thrombosis in both legs for Name of operation drainage of

What test confirmed diagnosis? Chloroform Was there an autopsy?

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) James H. Bumpert M. D.

Date Jan 20, 1933 Address 2501 Maplewood