

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hamilton Registration District No. 194 File No. 56257
Township St. Marys Hospital Primary Registration District No. 5638 Registered No. 5638
or Village Cincinnati No. St. Marys Hospital St., St. Marys Hospital Ward St. Marys Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Keenan

Did Deceased Serve in U. S. Navy or Army

(a) Residence No. 1627 Freeman Ave St., St. Marys Hospital Ward St. Marys Hospital
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE R 5 Single, Married, Widowed or Divorced (initial the word) Widowed

16 DATE OF DEATH (month, day and year) Sept 21 1926

5a If married, widowed or divorced HUSBAND of (or) WIFE of Isadora Keenan

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

6 DATE OF BIRTH (month, day, and year) unknown

that I last saw him alive on _____, 19____,

7 AGE Years 68 Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None

Cerebral Apoplexy

Arterio Sclerosis

(b) General nature of industry, business, or establishment in which employed (or employer)

(duration) _____ yrs. _____ mos. _____ ds.

(c) Name of employer

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Cincinnati (State or country)

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

10 NAME OF FATHER James Keenan

Was there an autopsy? no

11 BIRTHPLACE OF FATHER (city or town) U. S. (State or country)

What test confirmed diagnosis? History

12 MAIDEN NAME OF MOTHER unknown

(Signed) D. C. Bandy M. D.

13 BIRTHPLACE OF MOTHER (city or town) U. S. (State or country)

9-22, 1926 (Address) Cincinnati

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant Harry Ahlers (Address) 1066 Liberty Ave

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Spring Grove DATE OF BURIAL Sept 24 1926

15 SEP 23 1926 Eward Owen REGISTRAR

20 UNDERTAKER, License No. Buss & Bergmann ADDRESS City