

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

31723

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 31723
Township Calverton Primary Registration District No. 183 Registered No. 2072
or Village Calverton No. 183 St. Calverton Ward 1
(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 77 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 77 yrs. 0 mos. 0 ds.
2 FULL NAME Harold L. Sims Did Deceased Serve in U. S. Navy or Army?
(a) Residence. No. 2721 Debbert Ave. Ward 1
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR White 5. SINGLE, MARRIED, Write the word
Widowed or Divorced MARRIED
a. IF Married, Widowed, or Divorced
Husband of Abner Cecil Sims
(or) Wife of
DATE OF BIRTH (month, day, and year) 5/19/3
AGE (years) Months Days If LESS than 1 day
39 2 1 or 5 hrs. 4 min. 3
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 53

2. BIRTHPLACE (city or town) Medena Co
(State or country) Ohio

13. NAME Benjamin F. Sims

14. BIRTHPLACE (city or town) U.S.
(State or country)

15. MAIDEN NAME Alice Feagel

16. BIRTHPLACE (city or town) U.S.
(State or country)

The Signature of INFORMANT Abner P. Sims
and (Address) 2721 Debbert Ave.

BURIAL, CREMATION, OR REMOVAL
Place Union Date 5/18 1939

FUNERAL FIRM Schlesinger & Co

a. BURIED BY Cal D. ... Lic. No. 24
Address Cal D. ...

b. EMBALMER E. ... Lic. No. 1779
c. FILED 5-17-1939 J. Herbert Mumm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 1 1939 to May 10, 1939.
I last saw him alive on May 15, 1939. death is said to have occurred on the date stated above at 4:05 AM.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Brown Tumor, (Malignant)

CONTRIBUTORY CAUSES OF importance not related to principal cause:
Haemorrhage into tumor

Name of operation Ventrosomy Date of May 15

What test confirmed diagnosis? hist. & clinical Was there an autopsy? yes

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) H. ... M. D.
Date May 16 1939 Address ...