

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lucas Registration District No. 1262 File No. 56898
Township New Comerstown Primary Registration District No. 3341 Registered No. 43
or Village New Comerstown No. _____ 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 Frank LaPorte Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. _____ St., _____ Ward _____
(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

6. If Married, Widowed, or Divorced Husband of (or) Wife of Bess LaPorte

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

AGE (years) Months Days If LESS than 1 day _____ hrs. of _____ min. 39 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heller Bros Co

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Bess LaPorte

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

15. MAIDEN NAME Esther M. Collins

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

The Signature of Informant Bess LaPorte
and (Address) New Comerstown

17. BURIAL, CREMATION, OR REMOVAL Funeral Home Date Sept 27 1939

18. FUNERAL FIRM Funeral Home

a. BURIED BY Funeral Home Lic. No. 1115
Address New Comerstown

b. EMBALMER Funeral Home Lic. No. 11008
Address New Comerstown

FILED 126 1939 Frank LaPorte Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 1939

22. I HEREBY CERTIFY, THAT I attended deceased from March 1939, to Sept 1939.

I last saw him alive on Sept. 24 1939, death is said to have occurred on the date stated above 2:45 A.M.

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

Coronary Thrombosis Cerebral Edema q4 B

Date of onset March 29
9-25-39

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

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) J. W. Helmer M. D.

Date 9-26-39 Address New Comerstown, Ohio