

1 PLACE OF DEATH
County Franklin Registration District No. 397 File No. 204114
Township _____ Primary Registration District No. 8187 Registered No. 1985
or Village _____ No. _____ St. _____ Ward _____
or City of Columbus (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 23 yrs How long in U. S., if of foreign birth _____
2 FULL NAME William Lachey Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 1340 Hudson 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, Write the word Widowed or Divorced Married
6. If Married, Widowed, or Divorced Husband of (or) Wife of Julia Lachey
6. DATE OF BIRTH (month, day, year) 8-1-1870
7. AGE (years) Months Days If LESS than 1 day. hrs. or min. 70 5 7
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foster Bros Co
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 70
12. BIRTHPLACE (city or town) (State or country) St. Albans W. Va
13. NAME James Lachey
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Julia Doddridge
16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio
17. The Signature of INFORMANT and (Address) Julia D Lachey 1340 Hudson St
18. BURIAL, CREMATION, OR REMOVAL Place Union Cem Date May 17 1941
19. FUNERAL FIRM P. Fletcher Co
19a. BURIED BY Chas E. Bauman Lic. No. 2089 Address 1122 N. High St
19b. EMBALMER Chas E. Bauman Lic. No. 3102
20. FILED 5-16-1941 J. Herbert Mumm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1941
22. I HEREBY CERTIFY that I attended deceased from 5-15-1941 to 5-15-1941
I last saw him alive on 5-15-1941, death is said to have occurred on the date stated above at 8:05 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Coronary Thrombosis 5-15
CONTRIBUTORY CAUSES of importance not related to principal cause: ??
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. D. Scheckert M. D.
Date 5-16 1941 Address 1697 Minnesota Columbus, Ohio