

331X

57006

Reg. Dist. No. 769
 Primary Reg. Dist. No. 8349

CERTIFICATE OF DEATH

State File No. 57006
 Registrar's No. 3072

1. PLACE OF DEATH a. COUNTY <u>Lucas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Lucas</u>	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Toledo</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Toledo</u>	d. STREET (if rural, give location) ADDRESS <u>2109 Talbot Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2109 Talbot St.</u>			

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Leonard</u> b. (Middle) <u>J</u> c. (Last) <u>Madden</u>	4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>9,</u> (Year) <u>1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1890</u>	9. AGE (In years last birthday) <u>59</u>	Under 1 Year Months <u>2</u> Days <u>7</u>	If Under 24 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Toledo Fire Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Toledo, Ohio</u>	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME <u>Michael Madden</u>	14. MOTHER'S MAIDEN NAME <u>Mary E. Robinson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE <u>Donna L. Murphy</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Steps</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Hypertension (arterial)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1945, 1945, to Sept 9, 1949, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>506 Madison</u>	23c. DATE SIGNED <u>Sept 10, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Toledo, Ohio</u>
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BIRTH NO.	Do not write in this space	NAME OF EMBALMER (LIC. NO.) <u>Glenn M. Koach 4028-A</u>
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DATE REC'D BY LOCAL REG. <u>SEP 12 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Donna L. Murphy 3275 0073</u>
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