

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

312539
132

1 PLACE OF DEATH
County Madison Registration District No. 1209 File No. 132
Township Morris Hill Primary Registration District No. 5849 Registered No. _____
or Village _____ No. Molly Mad. Park St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
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 Herman Malloy Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 222 S. Erie St. _____ Ward Morris Hill
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF FACE White 5. SINGLE, MARRIED, Widowed or Divorced divorced
3a. If Married, Widowed, or Divorced Husband of (or) Wife of _____

6. DATE OF BIRTH (month, day, and year) _____
7. AGE (years) Months Days If LESS than 1 day _____ hrs. or _____ min.
56 11 8

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State
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) Madison Ohio

13. NAME John Malloy

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

15. MAIDEN NAME Laurie Reynolds

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

17. SIGNATURE OF INFORMANT and Address Molly Mad. Park, 367 Canton Ohio

18. BURNED, CREMATED, or REMOVED _____
St. Joseph Cemetery 5-13-42

19. FUNERAL FIRM _____
19a. BURIED BY _____ Lic. No. 774
Address Madison

19b. EMBALMER _____ Lic. No. 3554
20. FILED 5-22-42 1942 Walter M. Lind Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-9, 1942
22. I HERBY CERTIFY, That I attended deceased from 9-22-39, 19____, to 5-9-42, 19____.
I last saw him alive on 5-9, 1942, death is said to have occurred on the date stated above at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Pulmonary Tuberculosis Date of onset 4 yd.

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? T. B. + 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? _____
If so, specify _____
(Signed) C. O. Reese M. D.
Date 5-21 1942 Address 367 Canton O.