

PLACE OF DEATH.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Summit

Township of _____

Registration District No. 1224

File No. 72217

Village of _____

Primary Registration District No. 8493

Registered No. 1447

City of Akron

(No. 1059 Clark St., 6th Ward)

(If death occurred in a Hospital or institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Joseph H. Neale

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White

DATE OF DEATH Dec 30th 1913
(Month) (Day) (Year)

DATE OF BIRTH May 7th 1867
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19 1913 to Dec 30 1913
that I last saw him resp. alive on Dec 30 1913
and that death occurred, on the date stated above, at 12:40 P.

AGE 46 years, 7 months, 23 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

CAUSE OF DEATH was as follows:
Perforating ulcer of duodenum + peritonitis
(Duration) 3 Days

BIRTHPLACE (State or Foreign Country) Ohio 105

OCCUPATION Machinist

NAME OF FATHER Joseph Neale

Contributory Adhesions Pericardit.
(Duration) _____ Days

BIRTHPLACE OF FATHER (State or Foreign Country) England

MAIDEN NAME OF MOTHER May E. Lewis

(Signed) Jas D. Smith, M.D.
Dec 30 1913 (Address) 197 E Market St.

BIRTHPLACE OF MOTHER (State or Foreign Country) England

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SPECIAL INFORMATION only for Hospitals, institutions, Transients, of Recent Residents,
Former or Usual Residence _____ How long at Place of Death? _____ Days
Where was disease contracted, If not at place of death? _____

(Informant) Ans J. H. Neale
(Address) 1057 1/2 Clark St

Filed Jan 2 1914
Chas. Nick
Registrar.

PLACE OF BURIAL or REMOVAL Mrs. Peace Cem. DATE OF BURIAL Jan 2nd 1914
UNDERTAKER THE BELLOW SONS CO., AKRON, OHIO
By Chas. F. Bellow