

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

64788

1 PLACE OF DEATH

County... Montgomery Registration District No. 29E4 File No.
Township... Jefferson Primary Registration District No. Registered No.
or Village... VAE, Dayton, O. No. VAE Hospital St., Ward
or City of... Dayton, O. (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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME SINGLETON, John E. Did Deceased Serve in Marines
U. S. Navy or Army.
(a) Residence. No. Cincinnati, O. St., Ward. Dayton, O.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>married</u>
5a. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Anna Singleton</u>		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 27, 1886</u>		
7. AGE (years) Months Days <u>40</u> <u>10</u> <u>28</u>	If LESS than 1 day hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>professional ball</u> <u>sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>player</u> <u>saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Callipolis</u> (State or country) <u>Ohio</u>		
MOTHER FATHER	13. NAME <u>John Singleton</u>	
	14. BIRTHPLACE (city or town) <u>unknown</u> (State or country) <u>W. Va.</u>	
	15. MAIDEN NAME <u>Josephine Dickens</u>	
	16. BIRTHPLACE (city or town) <u>unknown</u> (State or country) <u>Ohio</u>	
	17. INFORMANT <u>H. Shuman</u> The Signature of and (Address) <u>VAE, Dayton, O.</u>	
18. PLACE OF REMOVAL REMOVAL Place <u>Cincinnati, O.</u> Date <u>Oct. 24</u> , 1937		
19. FUNERAL FIRM <u>H. E. Newton Dayton, O.</u>		
19a. BURIED BY <u>Shipped Cincinnati, O.</u> Lic. No. <u>3141</u>		
19b. EMBALMER <u>Newton</u> Lic. No. <u>1342</u>		
20. FILED <u>Oct. 23</u> , 1937 <u>Blaine A. Thibault</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1937, to Oct. 23, 1937.
I last saw him alive on Oct. 23, 1937, death is said to have occurred on the date stated above at 3:10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Spontaneous pneumothorax
Diabetes Mellitus

CONTRIBUTORY CAUSES of importance not related to principal cause:
None

Name of operation None 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?
If so, specify _____
(Signed) H. Shuman Cl. Director M. D.
Date 10/23, 1937 Address VAE, Dayton, O.