

**DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
 County Lucas Registration District No. 769 File No. 10564
 Township Primary Registration District No. 8349 Registered No. 492
 or Village No. St. Ward
 or City of Toledo (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Joseph H. Stophlet Did Deceased Serve in U. S. Navy or Army ✓
 (a) Residence, No. 2480 Maplewood Ave St., Ward,
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married
 5a If married, widowed or divorced HUSBAND of Sabel Stophlet (or) WIFE of
 6 DATE OF BIRTH (month, day, and year) Dec 1st 1878
 7 AGE Years 78 Months 2 Days 4 If LESS than 1 day hrs. or min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired architect
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town) St Wayne Ind (State or country)
 10 NAME OF FATHER Samuel Stophlet
 11 BIRTHPLACE OF FATHER (city or town) Pa (State or country)
 12 MAIDEN NAME OF MOTHER Mary E M. Macken
 13 BIRTHPLACE OF MOTHER (city or town) Dont know (State or country)

14 Informant A B Stophlet (Address) 626 South Ave
 15 Filed 2 11 27 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 5, 1927
 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Feb 5, 1927, that I last saw him alive on Feb 1, 1925, and that death occurred, on the date stated above, at 8 P. m.
 The CAUSE OF DEATH* was as follows:
Myocarditis
 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Focal infection from teeth (duration) 10 yrs. mos. ds.
 18 Where was disease contracted if not at place of death?
 Did an operation precede death? No Date of
 Was there an autopsy? No
 What test confirmed diagnosis? Bliniq symptoms
 (Signed) W. V. Roberts, M. D.
711, 1927 (Address) 2486 Detroit St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pillsburgh Pa DATE OF BURIAL 2 12 1927
 20 UNDERTAKER, License No. 3486A ADDRESS 1-1-A Eggleston 7327 Marsh