

494
#227

OHIO DEPARTMENT OF HEALTH

24678

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

COLUMBUS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2356

1. PLACE OF DEATH:
 (a) County Hamilton
 (b) Cincinnati
 (City, Village, Township)
 (c) General Hospital
 (Name of hospital or institution)
 (If not in hospital or institution, write street No. or location)
 (d) Length of stay: in hospital or institution _____
 (Days)
 In this community _____
 (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ohio (b) County Hamilton
 (c) City or village Cincinnati
 (If outside city or village, write RURAL)
 (d) Street No. 204 W. 14th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME Thomas Sullivan
 (a) if veteran, name war no (b) Social Security No. no
 4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, M
 (b) Name of husband or wife Mary (c) Age of husband or wife if alive 1860
 7. Birth date of deceased March 1, 1860
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. Date of death: Month Apr day 12
 year 1947 hour _____ minute _____
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr _____ min.
 9. Birthplace New York
 (City, town, or county) (State or foreign country)
 10. Usual occupation Advertising
 11. Industry or business Own Business
 12. Name _____
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

Immediate cause of death Fracture of femur left cerebral hemorrhage
traumatic shock
 Due to struck car accident
traffic pedestrian
 Due to _____
 1712 - 0
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operation _____
 Major findings of autopsy _____

16. (a) Informant's signature Mrs Helen Spang
 (b) Address 2051 Virginia Detroit Mich
 17. (a) Burial, cremation, or other; (b) Date 4-16-47
 (Month) (Day) (Year)
 (c) Place Oak Hill
 (d) Joe & Ed Nune 4527 a
Nune Bros 4526 a
 (Name of Embalmer) (Lic. No.)
 18. (a) Nune Bros
 (Signature of Funeral Director) (Lic. No.)
 (b) Address 1564 Elm St
 19. (a) APR 18 1947 (b) Grace Felton
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Apr 12 - 1947
 (c) Where did injury occur? Cincinnati
 (City or Village) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? at 14th & Elm
 (Specify type of place)
 While at work? _____ (e) How did injury occur?
struck by struck car
 23. Signature Herbert P. Lyle M.D.
 (Specify if Doctor of Medicine or Osteopathy)
 Address Cincinnati Date signed _____

Mother Father

Underline the cause to which death should be charged statistically.

DEPUTY