

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

1 PLACE OF DEATH

County Lucas Registration District No. 349 File No. 38017  
 Township Providence Twp. Primary Registration District No. 217 Registered No. 236  
 or Village No. No. Providence Twp. St. No. Ward No.  
 or City of Sandusky, Ohio (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 7 yrs. 10 mos. 06 ds. How long in U. S., if of foreign birth? 7 yrs. 10 mos. 06 ds.  
 2 FULL NAME George J Henry Wpp Did Decedent Serve in U. S. Navy or Army? No.  
 (a) Residence. No. 1169 N. Maple St. Ward No. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR or RACE W. 5. SINGLE, MARRIED, Write the word married  
 6a. If Married, Widowed, or Divorced married  
 Husband of (or) Wife of Belle LaRue  
 6. DATE OF BIRTH (month, day, and year) Dec. 10, 1888  
 7. AGE (years) Months Days 53 6 20 If LESS than 1 day, 1 hr. 10 min.  
 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Park  
 10. Date deceased last worked at this occupation (month and year) 1/10/1937  
 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Mary, Twp., Erie Co., Ohio  
 (State or country)

13. NAME Reeder E. Wpp

14. BIRTHPLACE (city or town) Springfield, Ohio  
 (State or country)

15. MAIDEN NAME Charlotte Lemon

16. BIRTHPLACE (city or town) Erie Co., Ohio  
 (State or country)

The Signature of 17. INFORMANT Charlotte Wpp  
 and (Address) Sandusky, Ohio

18. BURIAL, CREMATION, OR REMOVAL  
 Place Oakland Date July 3, 1937

19. FUNERAL FIRM St. Francis of Assisi

19a. BURIED BY St. Francis of Assisi Lic. No. 126  
 Address Sandusky, Ohio

19b. EMBALMER F. H. Gansley Lic. No. 1954

20. FILED 7-3 1937 Juanita Wiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/23/1936 to 6-30-1937  
 I last saw him alive on 6-30-1937, death is said to have occurred on the date stated above at 60 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Crown aneurism 6/27/37  
Uremia 6/27/37

CONTRIBUTORY CAUSES of importance not related to principal cause:  
Uremia

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Wm. F. Burger M. D.

Date 7/2 1937 Address Sandusky - Ohio

Dr. Burger