

Reg. Dist. No. 230State File No. 5694Primary Reg. Dist. No. 0110

## CERTIFICATE OF DEATH

Registrar's No. 5694

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>		7. USUAL RESIDENCE (Where deceased lived, if institution; real-estate before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write RURAL OR and state township) <u>Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland</u>	
c. LENGTH OF STAY (in this place)		d. STREET (if rural, give location) ADDRESS <u>1829 E 86 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1829 E 86 St.</u>		d. STREET (if rural, give location) ADDRESS <u>1829 E 86 St.</u>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Harry</u> b. (Middle) <u>C</u> c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-23-1882</u>
9. AGE (In years last birthday) <u>68</u>		10. Under 1 Year Months <u>11</u> Days <u>15</u>	11. Under 24 Hrs. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Bowling Alley Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Richmond Ind.</u>		12. CITIZEN OF WHAT COUNTRY?	
12. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE <u>C. H. Bussard</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>416X</u>	
11. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Rheumatic heart disease</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED White or <input type="checkbox"/> Not White <input type="checkbox"/> Work <input type="checkbox"/> at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>1189</u>			
22. I hereby certify that I attended the deceased from <u>July 9, 1951</u> , to <u>July 9, 1951</u> , and that death occurred at <u>4:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. Alyn Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2010 E 102 St</u>	
23c. DATE SIGNED <u>7-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cleveland Ohio</u>	
BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) <u>Clinton H. Bussard 3544A</u>	
DATE REC'D BY LOCAL REGISTRY <u>NOV 1 1951</u>		REGISTRAR'S SIGNATURE <u>Margaret Riccio</u> (LIC. NO.) <u>2090</u>	
DEPUTY		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Clinton H. Bussard 2090</u>	