

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

No. none
File No. 5940

1 PLACE OF DEATH

County Summit Registration District No. 1224 File No. 5940
Township _____ Primary Registration District No. 8493 Registered No. 167
or Village _____ No. 54 S. John Ave. St., _____ Ward _____
or City of Akron (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 _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME William B. Weaver Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 54 S. John Ave St., Akron Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR or RACE W 5. SINGLE MARRIED. Write the word Widowed or Divorced Single

21. DATE OF DEATH (month, day, and year) JANUARY 23 1943
22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

5a. If Married, Widowed, or Divorced Husband of (or) Wife of _____
6. DATE OF BIRTH (month, day, and year) 3-23-1865
7. AGE (years) Months: 76 Days: 10 0 If LESS than 1 day, or _____ min. _____ hrs.

I last saw h _____ alive on _____ 19 _____ death is said to have occurred on the date stated above at 50 m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goodwin & Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

CARDIOVASCULAR
RENAL DISEASE
131A

12. BIRTHPLACE (city or town) Ashtaburg (State or country) Ohio

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

13. NAME not known

14. BIRTHPLACE (city or town) _____ (State or country) _____

Name of operation _____ Date of _____
What test confirmed diagnosis of _____ Was there an autopsy? to

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) _____ (State or country) _____

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.

17. The Signature of INFORMANT W. S. Hodge and (Address) 791 S. Market St.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Place Mount Zion Date 1-26-1943

19. FUNERAL FIRM Edgar & Sons
19a. BURIED BY Edgar & Sons Lic. No. 2244
Address 117 S. Market

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify AKRON
(Signed) W. S. Hodge M. D.

19b. EMBALMER Edgar & Sons Lic. No. _____

20. FILED 1-27-1943 Registrar _____

Date 1-25-1943 Address _____