

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Troy

Registration District No. 1245

No. 1245  
File No. 1245

Township Sibley

Primary Registration District No. 5910

Registered No. 25

or Village Churchill

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

or City of \_\_\_\_\_ (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 \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

2 FULL NAME Robert Lynn Wood

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR White  
5. SINGLE, MARRIED, Write the word  
Widowed  
6. DATE OF BIRTH (month, day, year) May 22, 1922  
7. AGE (years) Months Days 78  
8. TRADE, PROFESSION, OCCUPATION, or kind of work done, as printer, lawyer, doctor, etc. Blacksmith  
9. INDUSTRY or business in which work was done, as oil mill, saw mill, etc. Sheet & Tube Co  
10. DATE DECEASED last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1943  
22. I HEREBY CERTIFY that the deceased died on May 17, 1943 at May 22, 1943  
I last saw him/her alive on May 21, 1943 death is held to have occurred on the date stated above at 3:30 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset (years or follow) acute appendicitis  
Date of onset May 10  
Duration 77 years

12. BIRTHPLACE (city or town) Throy Hill  
(State or country) Ohio  
13. NAME James R. Wood  
14. BIRTHPLACE (city or town) Uniontown  
(State or country) Pennsylvania  
15. MAIDEN NAME Lynn  
16. BIRTHPLACE (city or town) Uniontown  
(State or country) Pennsylvania

CONTRIBUTORY CAUSES of importance not related to principal cause:  
None

17. SIGNATURE OF INFORMANT Cedric R. Wood  
and (Address) Churchill, Ohio  
18. BIRTH, CREMATION OR REMOVAL Mar 25, 1943  
Place Churchill, Ohio

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external cause (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 \_\_\_\_\_

19. FUNERAL HOME W. H. Johnson & Co.  
20. FILED May 24, 1943

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) A. J. Williams  
Date May 24, 1943 Address Warren

OCCUPATION

Father

Mother

REGISTRAR