

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

44831

1 PLACE OF DEATH

County Hamilton Registration District No. 494 File No. 1493
Township _____ Primary Registration District No. 222 Registered No. _____
or Village City Cincinnati No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
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 Orville Woodruff

(a) Residence. No. 1403 Ludlow Place St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Did Deceased Serve in
U. S. Navy or Army _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of Anne Vail Woodruff
(or) WIFE of 1876

7. DATE OF BIRTH (month, day, and year) Dec. 27, 1937

8. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
60 6 25

OCCUPATION 8. Trade profession, or particular kind of work done, as Real Estate Broker
9. Industry or business in which work was done, as 705
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (city or town) New Richmond (State or country) Ohio

FATHER 13. NAME John Woodruff

14. BIRTHPLACE (city or town) Bracken Co. (State or country) Ky.

15. MAIDEN NAME Ida Vaughn

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

17. The Signature of Informant and (Address) Mrs. Quilla Woodruff
1403 Ludlow Place

18. BURIAL, CREMATION, OR REMOVAL Place Spring Grove Dated July 26 1937

19. FUNERAL DIRECTOR Chas. A. Willey, Inc. Lic. N1258
(Address) Quinn

19a. Was body embalmed? Yes Embalmer's Lic. 63636A

20. FILLED JUL 26 1937 Registrar Quilla Woodruff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1936, to July 22 1937.
I last saw her alive on July 20, 1937, death is said to have occurred on the date stated above at 11:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

CONTRIBUTORY CAUSES of importance not related to principal cause: Secondary Causes
Sept. 1936

Name of operation Cholecystomy Date of July 17, 1937

What test confirmed diagnosis? _____ Was there an autopsy? N.O.

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.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Henry F. Keybel M. D.

Date 7-24 1937 Address 1675 Chase St. Cincinnati