

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

State File No.

6864

Registrar's No.

7

Reg. Dist. No. 1266

Primary Reg. Dist. No. 3343

1. PLACE OF DEATH:

(a) County Tuscarawas.

(b) Dennison.
(City, Village, Township)

(c) Name of hospital or institution:
403 Grant street.
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____ (Days)
In this community Life.
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio. (b) County Tuscarawas.

(c) City or village Dennison.
(If outside city or village, write RURAL)

(d) Street No. 403 Grant street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

FULL

3. NAME David William Wright.

(a) If veteran, name war no. _____ (b) Social Security No. _____

4. Sex male race white 5. Color or race _____ 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27th, 1875.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 4 21 hr. min.9. Birthplace Dennison, Ohio.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Machinist.

11. Industry or business _____

12. Name Thomas Wright.13. Birthplace Ireland.
(City, town, or county) (State or foreign country)14. Maiden name Catherine Carmony.15. Birthplace Conn.
(City, town, or county) (State or foreign country)16. (a) Informant's signature Thomas Wright.(b) Address Dennison, Ohio.17. (a) Burial, cremation, or other: (b) Date Jan. 21, 1946
(Month) (Day) (Year)(c) Place Union Cemetery - Uhrichsvil.(d) B. H. Lindsey - 4348-A.
(Name of Embalmer) (Lic. No.)18. (a) B. H. Lindsey. 1080.
(Signature of Funeral Director) (Lic. No.)(b) Address Dennison, Ohio.19. (a) 1-21-46 (b) Ala. J. Roy Romo, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 18th
year 1946 hour 11:20 A.M. P.M.21. I hereby certify that I attended the deceased from Jan 16
1946 to Jan 18, 1946:
that I last saw her alive on Jan 18, 1946:
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary
Oedema Duration 15 hrs.Due to Acute Cardiac Decompensation Stage.Due to Ch. Degenerative Myocarditis
& Cor. Artery Hypertrophy. 10 yrs.Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(City or Village) (County) (State)While at work? _____ (Specify type of place)
(e) How did injury occur? _____23. Signature P. E. Hall, M.D.
(Specify if Doctor of Medicine or Osteopathy)Address Uhrichsvil. Date signed Jan 19/46.