

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Franklin

Registration District No. 792

No. none  
File No. 1521

Township \_\_\_\_\_

Primary Registration District No. 8187

Registered No. 12632

or Village \_\_\_\_\_

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

or City of Columbus

(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 James Edward Handiboe

Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. 374 - 7 Washington St. W. Ward \_\_\_\_\_ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, Write the word Married  
Widowed or Divorced

5a. If Married, Widowed, or Divorced Husband of (or) Wife of Anna B Handiboe

6. DATE OF BIRTH (month, day, and year) July 19, 1876

7. AGE (years) (Months) Days 76 3 19 If LEES than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Nicholas Handiboe

14. BIRTHPLACE (city or town) Pearu (State or country) \_\_\_\_\_

15. MAIDEN NAME Bridget Benson

16. BIRTHPLACE (city or town) Ireland (State or country) \_\_\_\_\_

17. The Signature of Informant Anna B Handiboe (Address) 374 - 7 Washington

18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph's Date Nov 11 - 1942

19. FUNERAL FIRM Wagon and Co

19a. BURIED BY St. Joseph's No. 1520

19b. EMBALMER St. Joseph's Lic. No. 39682

20. FILED 11-9-1942 Registrar J. Herbert Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 8 - 1942

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1932 to 11/8 1942

I last saw him alive on 11/7 1942, death is said to have occurred on the date stated above at 9 P.M.

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

Arteriosclerosis, myocardial degeneration, arteriosclerosis  
137A

CONTRIBUTORY CAUSES of importance not related to principal cause:

8. vertebrae hypertrophy

Name of operating physician W. H. ... Date of 4/19/42

What test confirmed diagnosis? skin test Was there an autopsy? no

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. H. ...

Date 11/9 1942 Address 265 N. Washington St.

OCCUPATION

Father  
Mother