

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

1 PLACE OF DEATH
County Hamilton Registration District No. 64 File No. 57476
Township Yarmouth Primary Registration District No. 3622 Registered No. 64
or Village No. 1507 Yarmouth Avenue St. Ward
or City of Cincinnati (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 178 mos. 19 ds. How long in U. S., if of foreign birth? 378 mos. 64 ds.
2 FULL NAME William F. Hart Did Deceased Serve in U. S. Navy or Army.
(a) Residence. No. 1333 Carolina Avenue St. Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5a. If married, widowed, or divorced HUSBAND of Elizabeth C. Overend Hart (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 2 19

8. Trade, profession, or particular kind of work done, as Retired Electrotypewriter (Recurrent attacks)
9. Industry or business in which work was done, as 1st attack about 5.1.35
10. Date deceased last worked at this occupation (month and year) 94
11. Total time (year) spent in this occupation

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

13. NAME Jehiel H. Hart

14. BIRTHPLACE (city or town) New York State
(State or country)

15. MAIDEN NAME Virginia Hughes

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

17. INFORMANT The Signature of Robert J. Hart
and (Address) 1333 Carolina Ave Cincinnati O.

18. BURIAL, CREMATION, OR REMOVAL Place West Haven Date Sept. 22nd. 1936

19. FUNERAL DIRECTOR W. D. Jacobs Lic. No. 340
(Address) Cincinnati, Ohio

19a. Was body embalmed? Yes Embalmer's Lic. No. 1133-A

20. FILED Emmanuel E. Miller
Registrar.

21. DATE OF DEATH (month, day, and year) Sept. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6-1935 to 9-19-1936

I last saw him alive on 9-17-1936 death is said to have occurred on the date stated above at 8-00A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows
Coronary Thrombosis 9-19-36

Arteriosclerosis
CONTRIBUTORY CAUSES of importance not related to principal cause:
Had lobar pneumonia 5.28.36
fully recovered

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify None

(Signed) J. Matthews M. D.

Date 9-21-1936 Address Wilmington, O.

Robt. L. Good "Embalmer"