Form V. S. No. 11—200M—4-8-14.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Summit

Township of ..... Registration District No. 1225 File No. 69576

or Village of Cuyahoga Falls Primary Registration District No. 3303 Registered No. 98

or City of ..... (No. Terrace St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Harry V. Fountain

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: — (Month) — (Day) 1851 (Year)

7 AGE: 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: R. R. Official
(b) General nature of industry, business, or establishment in which employed (or employer): Auditor of Railroad

9 BIRTHPLACE (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. B. Rogers

(Address) Cuyahoga Falls. O

15 Filed Dec 16 15 W. J. Reinhold Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 16th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept., 1913, to Dec 16th, 1915, that I last saw him alive on Dec 16th, 1915, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Erysipelas

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. B. Rogers M. D.

Dec 17th. 1915 (Address) Cuyahoga Falls. O

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 4 yrs. 11 mos. 10 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? —
Former or usual residence —

19 PLACE OF BURIAL OR REMOVAL: J. L. Weller — DATE OF BURIAL: Dec 17 1915

20 UNDERTAKER: Cleveland Ch — ADDRESS: Cuyah Falls O

11—3184