TION 21e. ACCIDENT SUICIDE OF BUILDING (E.E., in or about home, farm, factory, sireet, office building, forest, etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (Degree of title) 21f. HOW DID INJURY OCCUR? 22.1 hereby certify that I attended the deceased from occurred at man, from the causes and on the date stated above. 22.2 Interest of the deceased from occurred at man, from the causes and on the date stated above. 23e, SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State) 17th Degree of the degree of the degree of the degree of title) Nov. 21, 1951 (Com. of Spring Grove Cincinnati Hamilton Ohio NAME OF EMBALMER (Lic. No.) 3882 R.			OHIO DEPARTM	MENT OF HEALT	·H	69)9 5	51.		
CERTIFICATE OF DEATH Resilterar's No. CERTIFICATE OF DEATH Resilterar's No. L. PLACE OF DEATH Resilterar's No. L. CHANGE OF DEATH Resilterar's No. L. CHANGE OF DEATH R. COUNTY Hamilton D. CITY (If cutable composite limits, write RURAL or LENGTH OF STAY VILLAGE (Interinated) L. FULL NAME OF CONTROL (Prince of State or No. Control or No. Contr	Des Dies Ve	OTALL	DIVISION OF V		State File No		c	CO		
b. CITY III designation proper limits, write RURAL and give township) Olitical Cincinnati d. FULL MANDE OF CONTINUE DESIGNATION d. FULL MADE OF INTO INDUSTRICE DISCRIPTION B. MANNE OF A. (First) D. MANNE OF A COLOR OR RACE D. MANNE OF A. (First) D. MANNE OF A COLOR OR RACE D. MANNE OF A COLOR OR		at, M	CERTIFICAT	E OF DEATH			0004			
OR and the tomphilips VILLAGE CINCINNET d. PULL MAME OF IT NOT In hospital or institution, sive street address or CASHILLON COORDINGTON P. NAME OF A. (First) D. MANG OF A. (First) MALE OF ARMY INTERCETION MEDICAL CENTRAL FOR ALL PROPERTY AUGUST OF ARMY INTERCET COUNTY DUSTAY OWNER OF SDOTE ONIO OF SOCIAL SECURITY NO. D.				2. USUAL RESIDENCE (Where deceased lived, 1f institution: residence before as publical litton						
NOSPITAL OF GOOD SAMAPITAN HOSPITET ADDRESS 3032 Montana Ave **NAME OF DECEASE A. (First)	OR and s	ive township)	rite RURAL c. LENGTH OF STAY 11fe	c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE CINCINNATI						
male white. "Marrie April 16, 1880 "A ADE (17 Specify) April 16, 1880 "April 1880	HOSPITAL	OR Good Ser	al or institution, give street address or naritan Hospical							
male white. "Marrie April 16, 1880 "A ADE (17 Specify) April 16, 1880 "April 1880	a. NAME OF a. (First) DECEASED (1995 OR PRINT) CHDTSITT		b. (Middle) AN ERNST							
Gire hand of work done during most of OMIGET OF SDORE General Store General Store General Store Gire innati 13. Fairher's NAME AUGUST Hels mann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN OUT ON ONE This does not mean the most of dying. Site to the above cause (a) stating the most of dying. Site to the above cause (a) stating tion which cased death. INTERVAL BETWEEN Morbid conditions, if any, giving DUE TO (b). ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (c). Tion Morbid conditions, if any, giving DUE TO (c). Tion Morbid conditions contributing to the death but not related death. Couldings conditions cause death. INTERVAL BETWEEN Morbid conditions INTERVAL BETWEEN MARCH TEACH TO DEATH STATE Morbid conditions INTERVAL BETWEEN MORBID TORCES? INTERVAL BETWEEN MORBID TORCES INTERVAL BETWEEN MORBID TORCES	5. SEX	4. COLOR OR RACE	7. MARRIED, NEVER MARRIED.	8. DATE OF BIRTH	0. 408	Under	1 Vear Days	If Under	24 IIn.	
Description which casted death of the filter or condition causing death. 13. ALGUENT Shore General Store 13. ALGUENT Heliaman 14. MUTHER'S MAIDEN NAME MATTY ROOTIGET 15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **This does not mean the made of dyna. **This doe			DUSTRY				COUNTRY?			
AUGUST HeISMANN 15. WAS DICEASED VIEW IN 10. SAMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE 18. CAUSE OF DEATH 19. Informance 19. Info			General Store	Cincinnati	1 Ohio			USA		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not make the interior acts of death and death of d			n							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES Morbid conditions, if an, giving DUE TO (b) Indian the mode of dying, asthemia. etc. ii Indian the distant, injury, or complication Indian the distant, injury, or complication Couldings contributing to the death but not related to the distant contributing to the death but not related to the distant or condition causing death. 196. DATE OF OFERA. ITON 216. ACCIDENT INDIA 216. ACCIDENT INDIA 216. Manich (Day) (Year) (Hour) 217. ACCIDENT INDIA 218. ACCIDENT INDIA 219. Manich (Day) (Year) (Hour) 219. Manich (Day) (Year) (Hour) 210. Indian (Month) Cocurred at 210. Autopsy? 211. Hereby certify that I attended the doceased from OCCURRED at Work 211. Hereby certify that I attended the doceased from OCCURRED at Work 212. I hereby certify that I attended the doceased from OCCURRED at Work 2139. SIGNATURE A. M., from the causes and on the date stated above. (Degree or tille) 2140. DATE	U. S. ARMED FORCES?			1 1/ 4 1 0						
Substitute Sub	Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES			hel thronfour						
19a. Date of operation 19b. Major finding of about home, farm, factory, street, office building, forest, etc. 19b. Major finding of about home, farm, factory, street, office building, forest, etc. 19b. Month 10by 19b. Major 19b. Major finding 19b. Major fi	such as heart failus as the nia, etc. means the disea injury, or comp'is	the at heart failure. It he mid etc. It earns the disease. If he mid etc. It of the mid e						_		
TION 21e. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, for about home, farm, factory, or about home, farm, factory, for about home				<i>.</i>						
SUICIDE sireet, office building, forest, etc.] 21d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURED While et Net Work 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19 48, to 19 48, and that death occurred at 19 48, to 19	ITAL DATE OF GIBER							_	-	
While et Werk 22. I hereby certify that I attended the deceased from	SUICIDE	(Specify)	or about home, farm, factors atreet, office building, forest	1 21c. (CITY, VILLAGE, OR TO	OWNSHIP) (C	(YTMUO:		(STATE	1)	
OCCUPTED at	OF While at Net While			The state of the s						
230, SIGNATURE Comparison of Comparison o		rtify that I atten	ded the deceased from		19 Her., 18	5/	, and	that	death	
BIRTH NO. Do not write in this space TION REMDVAL (Speci-Nov. 21, 1951 Cem. of Spring Grove Cincinnati Hamilton Ohio NAME OF EMBALMER (LIG. NO.) Wain A. Bolton 3882 R.		RE / Les	luster MD.	3475 2. Bend			11-	21.		
Do not write in this space Wain A. Bolton 3882 R.	TION REMOVAL	Speci-								
MOV 23 1951 REGISTRAR'S GIGNATURE (LIC. NO.) 25, PUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) 2210		CAL REGISTRAR'S	GNATURE	25, PUNERAL DIRECTOR'S SIGN	NATURE (SALOW)		(LIC	C. NO.)		