## STATE OF OHIO DEPARTMENT OF HEALTH IVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

1 PLACE OF DEATH County Carra he ga	CERTIFICATE OF DEATH 8482	
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	No. Registered No. Registered No. St., St., St., St. Bleath occurred in a hospital or institution, give its NAME instead of street an	
Length of residence in city or town where death occurred	yrsmosds. How long in U. S., if of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PAR	ARTICII ARS MEDICAL CERTIFICATE OF REAL	and State
3. SEX 4. COLOR OR RACE 5. Single,	e, Married, Widowed, vorced (write the word) 21. DATE OF DEATH (month, day, and year) Jeb 2.	3, 19,3
Sa. If married, widowed, or divorced HUSBAND of Mary Grage  6. DATE OF BIRTH (month, day, and year)	I HEREBY CERTIFY, That I attended decer	ased from
7. AGE Years Months Days	If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of in order of onset were as follows:	mportanc Date of ons
12. BIRTHPLACE (city or town) Clavelax (State or country)  13. NAME Ames Hale 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Margaret L  16. BIRTHPLACE (city or town)	Total time (years) spent in this occupation.  CONTRIBUTORY CAUSES of importance not related to principal cause:  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autops lowing:  Accident, suicide, or homicide? Date of injury.  Where did injury occur? (Specify city or town, county, as Specify whether injury occurred in industry, in home, or in publications).  Manner of injury.  Nature of injury.  Nature of injury in any way related to occupation of decompanion of decompanion.	nd State)
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