

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

21308

Reg. Dist. No. 8400

State File No. _____

Primary Reg. Dist. No. 8400

CERTIFICATE OF DEATH

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL or and township) VILLAGE <u>Rural - Dunham Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Rural - Dunham Twp</u>	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vincent Route #2</u>		d. STREET (If rural, give location) ADDRESS <u>Vincent Route #2</u>	

3. NAME OF DECEASED (TYPE OR PRINT) <u>Daniel</u> a. (First) <u>J.</u> b. (Middle) <u>McCarthy</u> c. (Last)			4. DATE OF DEATH <u>Feb. 29, 1952</u> (Month) (Day) (Year)		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 18, 1884</u>	9. AGE (In years last birthday) <u>67</u>	Under 1 Year Months - Days - Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Pipe Fitter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>New York State</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Unknown</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>	16. SOCIAL SECURITY NO. <u>280-10-7215</u>	17. INFORMANT'S SIGNATURE <u>J. V. Luyda</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden cardiac arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Justly of Complicated Coronary</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>9000</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.) <u>Home</u>	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u>Union, Franklin Mass. O</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-29-52 2:30 p.m.</u>	21e. INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off roof of house</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Edward M. Spencer</u>	23b. ADDRESS <u>Mainville O</u>	23c. DATE SIGNED <u>3-1-52</u>
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24a. BURIAL, CREMA-TION, REBURYAL (Specify) <u>Burial</u>	24b. DATE <u>March 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Rockland, Ohio</u>
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NAME OF EMBASMER <u>Edward M. Spencer</u> (LIC. NO.) <u>4825A</u>	
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DATE REC'D BY LOCAL REG. <u>3/28-1952</u>	REGISTRAR'S SIGNATURE <u>Mary L. Ford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. D. Spencer</u> (LIC. NO.) <u>1895</u>
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MARGIN RESERVED FOR BINDING

8400
7000THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK
v.s. 11
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