

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Reg. Dist. No. 8400State File No. 28272Primary Reg. Dist. No. 8400Registrar's No. 58

## 1. PLACE OF DEATH

a. COUNTY

Washington

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Ohiob. COUNTY Washington

b. CITY (If outside corporate limits, write RURAL OR positive township)

c. LENGTH OF STAY (in this place)

VILLAGE Rural Dunham Twp 35 years

c. CITY (If outside corporate limits, write RURAL and give township)

VILLAGE Rural Dunham Twp

d. FULL NAME OF HOSPITAL OR INSTITUTION

Vincent P.D. # 2

d. STREET (If rural, give location)

ADDRESS Vincent P.D. # 2

## 3. NAME OF DECEASED (TYPE OR PRINT)

a. (First)

Cora

b. (Middle)

Leota

c. (Last)

McCarthy

4. DATE OF DEATH

(Month)

Jan

(Day)

19

(Year)

1952

5. SEX

6. COLOR OR RACE

Female White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 17, 1885

9. AGE (In years last birthday)

66

Under 1 Year

1 Year

If Under 24 Mts.

Month

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Horse Wife

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (State or foreign country)

Decatur Twp.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13. FATHER'S NAME

Andrew Jackson Phace

## 14. MOTHER'S MAIDEN NAME

Lucy J. Bennett

## 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT'S SIGNATURE

H. J. McCarthy

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Chronic Embolus

## ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4214

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)

## 21c. (CITY, VILLAGE, OR TOWNSHIP)

(COUNTY)

(STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

## 21e. INJURY OCCURRED

While at Work  Not While at Work 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1948 to Jan 19, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

## 22a. SIGNATURE (Degree or title)

Albert G. Rastowen M.D.

## 22b. ADDRESS

Rockland Ohio

## 22c. DATE SIGNED

Jan 19, 1952

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

Jan 22, 1952

## 24c. NAME OF CEMETERY OR CREMATORY

Presbyterian Cem.

## 24d. LOCATION (City, town, or county) (State)

Decatur Twp. OhioOscar E. Spencer  
Sub-Registrar of Births and DeathsEdward S. Taylor (LIC. NO.) 4207A.

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

Mary L. Ford

## 25. SUPERVISOR'S SIGNATURE (LIC. NO.)

Charles B. Spencer 1995

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11