

Smeared Ink

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Summit Registration District No. 1224 File No. 20509
Township _____ Primary Registration District No. 8493 Registered No. 553
or Village _____ No. _____ St. _____ Ward _____
or City of Akron Ohio (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Laura Verner Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 119 No. College St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Aug 23 - 1854
7. AGE Years 76 Months 6 Days 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXX
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16, 1931
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 16, 1931, I last saw h. ex. alive on March 16, 1931, death is said to have occurred on the date stated above at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Paralysis of old age

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Dr. W. W. Dinton M. D.
3-16-1931 Address 719 E. Market St.

12. BIRTHPLACE (city or town) (State or country) Orthy Lehigh Pa.
13. NAME James Walker
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME Amatha Walker
16. BIRTHPLACE (city or town) (State or country) Pa.
17. The Signature of Informant and (Address) Ruth Wharton 119 N. College St.
18. BURIAL, CREMATION, OR REMOVAL Place Lamarus Pa. Date March 19, 1931
19. UNDERTAKER (Address) J. P. Gardner Akron, O.
19a. Was body embalmed? yes Embalmer's No. 1141 CA
20. FILED 3-18, 1931

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registrar.