

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

77080

Reg. Dist. No. 1228Primary Reg. Dist. No. 3311

## CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 82

Department of Commerce — Bureau of the Census

## 1. PLACE OF DEATH:

(a) County Summit(b) Sagamore Hills Village  
(City, Village, Township)

(c) Name of hospital or institution:

HAWTHORNDEN STATE HOSPITAL  
(If not in hospital or institution, write street No. or location)(d) Length of stay: in hospital or institution 717  
(Days)In this community 1 yr. 11 mos. 15 days.  
(Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Summit(c) City or village Akron  
(If outside city or village, write RURAL)(d) Street No. Unknown  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## FULL

3. NAME Thomas Wharton(a) If veteran,  
name war(b) Social Security  
No.4. Sex Male 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Ruth Wharton 6. (c) Age of husband or wife if  
alive 70 years7. Birth date of deceased Jan. 22nd, 1873  
(Month) (Day) (Year)8. AGE: Years 72 Months 10 Days 9 If less than one day  
hr. min.9. Birthplace Cambridge, Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation Not stated11. Industry or business Unknown

Mother	12. Name <u>Wharton</u>
	13. Birthplace <u>Unknown</u> (City, town, or county) (State or foreign country)
	14. Maiden name <u>Unknown</u>
15. Birthplace <u>Unknown</u> (City, town, or county) (State or foreign country)	

16. (a) Informant's signature Hospital Records(b) Address Macedonia, Ohio17. (a) Burial, cremation, or other; (b) Date Dec 5 1946  
(Month) (Day) (Year)(c) Place Summit Co Cem.(d) H. L. McCormick 37287  
(Name of Embalmer) (Lic. No.)18. (a) E. A. McCallerty 2715  
(Signature of Funeral Director) (Lic. No.)(b) Address Akron Ohio19. (a) 12-2 (b) M. L. Sommer  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month December day 1st  
year 1946 hour 10:00 P.M.

21. I hereby certify that I attended the deceased from

December 15th 1946 to December 1st, 1946  
that I last saw him alive on December 1st, 1946  
and that death occurred on the date and hour stated

Immediate cause of death

Arteriosclerosis

Due to

IndefSenile Psychosis

Due to

IndefOther conditions  
(Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial  
place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) How did injury occur? \_\_\_\_\_

23. Signature Luigi Williams M.D.  
(Specify if Doctor of Medicine or Osteopathy)Address Macedonia, Ohio Date signed 12-1-46MARGIN RESERVED FOR BINDING  
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.