

N. B.—Every item of information should be carefully supplied. AGH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

Form V. S. No. 11—590M-3-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of DelawareTownship of _____ Registration District No. 164 File No. 7490or Village of _____ Primary Registration District No. 5021 Registered No. 29or City of Delaware (No. Chambelain St. 104 Ward)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Sylvanus Polin

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White
DATE OF BIRTH March 26 1848
(Month) (Day) (Year)

AGE 71 years, 10 months, 26 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or Foreign Country) Ross Co., O.

OCCUPATION Mechanic (S)

NAME OF FATHER Jerry Polin

BIRTHPLACE OF FATHER (State or Foreign Country) Ohio

Maiden Name of Mother Elyza Garner

BIRTHPLACE OF MOTHER (State or Foreign Country) Ohio

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lora Polin(Address) Delaware, OhioFiled Feb 23 1910

J. P. Roberts
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 16 1909 to Feb 22 1910
that I last saw him alive on Feb 22 1910
and that death occurred, on the date stated above, at 3 PM

The CAUSE OF DEATH was as follows:

Cancer of the Prostate Gland
(Duration) 287 Days

Contributory Obstruction of the Bowels (Duration) 57 Days

(Signed) J. B. Horner M. D.
2/28 1910 (Address) Delaware, Ohio

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual Residence _____ How long at _____ Days
Place of Death _____

Where was disease contracted, if not at place of death?

PLACE OF BURIAL or REMOVAL Oak Grove Cemetery DATE OF BURIAL Feb 24 1910

UNDERTAKER Morrison Hill, Delaware Ohio ADDRESS _____