

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

17871

Reg. Dist. No. 36 State File No. 520081
 Primary Reg. Dist. No. 3601 Registrar's No. 520081

3601
1285
3600

1. PLACE OF DEATH a. COUNTY <u>Highland</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Highland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Hillsboro</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Hillsboro</u>	d. STREET (If rural, give location) ADDRESS <u>7</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highlands Community Hosp.</u>			

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Harold</u> b. (Middle) <u>Trount</u> c. (Last) <u>Trout</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-27-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 31, 1902</u>
9. AGE (In years last birthday) <u>49</u>		Under 1 Year Months Days Hours Min.	If Under 24 Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Frank B. Trout</u>	14. MOTHER'S MAIDEN NAME <u>Cruessie Harte</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u>	16. SOCIAL SECURITY NO. <u>273-18-4688</u>	17. INFORMANT'S SIGNATURE <u>X Bruce Trout</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignant hypertension</u> <u>4201</u> DUE TO (c)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Mar 27, 1952, and that death occurred at 8:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert G. Clays M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lynchburg, O</u>	23c. DATE SIGNED <u>3-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>24718</u>	24b. DATE <u>4-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery, New Market</u>	24d. LOCATION (City, town, or county) (State) <u>New Market Ohio</u>
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BIRTH NO.	NAME OF EMBALMER <u>H. U. Turner</u>	(LIC. NO.) <u>5331-19</u>
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DATE REC'D BY LOCAL REG. <u>4-1-52</u>	REGISTRAR'S SIGNATURE <u>Willis B. Stanforth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. U. Turner</u>	(LIC. NO.) <u>3847</u>
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MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

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V.S. 11

INFORMATION CONCERNING THE BURIAL OF DECEASED VETERANS

**FUNERAL DIRECTORS ARE REQUIRED BY LAW TO FURNISH THE FOLLOWING
ADDITIONAL INFORMATION ON A VETERAN'S CERTIFICATE OF DEATH**

Name of deceased Albert W. Trout - 6478572

Date of birth July 31, 1902 Date of death 3-27-52 Date of burial April 2, 1952

Name of War or dates of service Jan. 10, 1922 - Jan. 9, 1923

Was deceased honorably discharged? Yes Date Jan. 9, 1923

Rank or grade at discharge Private

Service (as Army, Navy, Marine, Coast Guard, Woman's Army Corps, etc.) Army

Organization (as Regiment, Battalion, Fleet, Squadron, Command, Wing, Station, Group, etc.) _____

Unit in Organization (as Company, Battery, Ship, Flight, etc.) Battery B-3rd Field Artillery

Branch of service (as Infantry, Coast Artillery, Airborne Engineers, etc.) Field Artillery

Name of Cemetery ~~Pittston~~ New Market Baptist

Location of Cemetery
 County Highland
 Township New Market
 Village New Market
 City _____

Name or number of section in cemetery _____

Number of lot 177

Number of grave _____

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers