

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

56748

1 PLACE OF DEATH
County Ross Registration District No. 1131 File No. 19
Township Paxton Primary Registration District No. 5733 Registered No. _____
or Village _____ No. _____ St. _____ Ward _____
(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 Newton Myers Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>		21. DATE OF DEATH (month, day, and year) <u>9/15</u> , 19 <u>34</u>	
1. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Etta Ford</u>		DATE OF BIRTH (month, day, and year) <u>June 26-1866</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 1</u> , 19 <u>34</u> , to <u>Sept 15</u> , 19 <u>34</u> I last saw him alive on <u>9/14</u> , 19 <u>34</u> , death is said to have occurred on the date stated above at <u>10:00 A.M.</u> The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>apendicitis</u> <u>Carcinoma - Cecum</u> Date of onset _____	
AGE Years <u>68</u> Months _____ Days _____	8. Trade profession, or particular kind of work done, as <u>Farmer</u> <u>XXXX</u> 9. Industry or business in which work was done, as <u>silk mill</u> <u>saw mill, bank, etc.</u>		11. Total time (years) spent in this occupation _____		CONTRIBUTORY CAUSES of importance not related to principal cause: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no.</u>
10. Date deceased last worked at this occupation (month and year) _____		13. NAME <u>Howard Myers</u>			
12. BIRTHPLACE (city or town) <u>Ross Co</u> (State or country) <u>Ohio</u>		14. BIRTHPLACE (city or town) <u>Ross Co</u> (State or country) <u>Ohio</u>		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.	
15. MAIDEN NAME <u>Elizabeth Newlon</u>		16. BIRTHPLACE (city or town) <u>Ross Co</u> (State or country) <u>Ohio</u>		Manner of injury _____ Nature of injury _____	
The Signature of INFORMANT and (Address) <u>Edward Myers</u> <u>Bainbridge, O.</u>		BURIAL, CREMATION, OR REMOVAL Place <u>Dill Cemetery</u> Date <u>Sept 17</u> , 19 <u>34</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Thos. Cutright</u> M. D. Date <u>9/17</u> , 19 <u>34</u> Address <u>Bainbridge, Ohio</u>	
UNDERTAKER <u>H. O. Smith</u> (Address) <u>Bainbridge, O.</u>		a. Was body embalmed. <u>yes</u> Embalmer's No. <u>2221 A</u>			
c. FILED <u>9-15</u> , 19 <u>34</u> <u>597104</u> Registrar.					