

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39188

1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. 1848
Township..... Primary Registration District No. 8349 Registered No. 1848
or Village..... No. State Hospital St. W.H.T. Ward
or City of Toledo (if death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harvey F. Bailey
(a) Residence. No. 521 Main St., Ward.
(Usual place of abode) (if nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed or Divorced (write the word) Married
6a If married, widowed or divorced HUSBAND of Anna M. Bailey (or) WIFE of
6 DATE OF BIRTH (month, day, and year) Nov. 24, 1876
7 AGE Years 45 Months 1 Days 17 1/2 LESS than 1 day.....hrs. of.....min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer) 76
(c) Name of employer

16 DATE OF DEATH (month, day and year) July 10 1922
17 I HEREBY CERTIFY, That I attended deceased from Feb. 21 1922 to July 10 1922 that I last saw h.s. alive on July 10 1922 and that death occurred, on the date stated above, at 8:30 P.M.
The CAUSE OF DEATH* was as follows:
General Paralysis of the Insane
(duration)yrs.mos.ds.

9 BIRTHPLACE (city or town)..... (State or country) Ohio
10 NAME OF FATHER Nathan Bailey
11 BIRTHPLACE OF FATHER (city or town)..... (State or country) St. Michigan
12 MAIDEN NAME OF MOTHER Rosanna Fuller
13 BIRTHPLACE OF MOTHER (city or town)..... (State or country) Ohio

CONTRIBUTORY (SECONDARY)(duration)yrs.mos.ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of.....
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) R.E. Bushong, M. D.
July 10, 1922 (Address) Toledo, Ohio
*SIGN THE DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, into (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant R.E. Bushong
(Address) Drawer 26, Toledo O.
15 Filed 7-11-1922 Wm. Throckmold REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Delta, Ohio DATE OF BURIAL July 12 1922
20 UNDERTAKER, License No. Geo. B. Clegg (2238) ADDRESS 1918 Star Ave