

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 769  
Primary Reg. Dist. No. 9349State File No. 79519  
Registrar's No. 3330

## 1. PLACE OF DEATH:

(a) County Lucas  
(b) Toledo  
(City, Village, Township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street No. or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Days)  
In this community life (Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Lucas  
(c) City or village Toledo  
(If outside city or village, write RURAL)  
(d) Street No. 2115 Melwood Ct.  
(If rural, give location)  
(e) If foreign born, how long in U. 1945 years.3. NAME Roger Philip Bresnahan

(a) If veteran, name war \_\_\_\_\_ (b) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased June 11 1879  
(Month) (Day) (Year)8. AGE: Years 65 Months 5 Days 23 If less than one day 9 1/2 hr. min.9. Birthplace Toledo Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Michael Bresnahan13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Mary O'Donohue15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's signature Glenn M. R. Road  
(b) Address 1855 Collingwood Blvd.17. (a) Burial, cremation, or other; (b) Date Dec. 7 1944  
(Month) (Day) (Year)  
(c) Place Calvary Cemetery(d) Herbert Lehman 1176-A  
(Name of Embalmer) (Lic. No.)18. (a) Herbert Lehman 3254  
(Signature of Funeral Director) (Lic. No.)(b) Address Toledo, Ohio19. (a) DEC 11 1944 Ernest J. Adamchik  
(Date received local registrar) (Registrar's Signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Dec. day 11 year 1944 hour 11 minute 30 AM21. I hereby certify that I attended the deceased from Nov. 27, 1944 to Dec. 4, 1944.  
that I last saw him alive on Dec. 4, 1944  
and that death occurred on the date and hour stated above.Duration 1 wkImmediate cause of death Coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(include pregnancy within 3 months of death)Major findings of operation noneMajor findings of autopsy none

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify MD)

(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 Thomas W. Dubin MD  
(Specify if Doctor of Medicine or Osteopathy)Address 2001 Collingwood Date signed 12-7-44

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.