

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

PLACE OF DEATH  
48 County Lucas Registration District No. 770 File No. 123886  
Township Monclova Primary Registration District No. 5160 Registered No. ....  
or Village..... No..... St..... Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of.....  
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 Charles Brown Did Deceased Serve in U. S. Navy or Army.....  
(a) Residence. No. Elmer Road St., ..... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED. Write the word married  
Widowed or Divorced  
6. DATE OF BIRTH (month, day, and year) Aug 17 1877  
7. AGE (years) Months Days If LESS than 1 day..... hrs. or..... min. 66 7 16  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....  
12. BIRTHPLACE (city or town) Ohio  
(State or country)  
13. NAME Act Brown  
14. BIRTHPLACE (city or town) Indiana  
(State or country)  
15. MAIDEN NAME Mary Golden  
16. BIRTHPLACE (city or town) Ohio  
(State or country)  
17. The Signature of Informant Mary Brown  
and (Address) Chas. K. Swanton  
18. BURIAL, CREMATION, OR REMOVAL  
Place Wan Oak Date Apr 5 1938  
19. FUNERAL FIRM C. E. Gumbly  
19a. BURIED BY C. E. Gumbly Lic. No. 371  
Address Summit  
19b. EMBALMER C. E. Gumbly No. 707  
20. FILED 4/5 1938 R. H. Wheeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 3 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37 193... to April 3 193...  
I last saw him..... alive on..... 193... death is said to have occurred on the date stated above at 8 A m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Myocardial -  
Bilateral Pneumonia  
Wetters Rheumatism  
93/1  
CONTRIBUTORY CAUSES of importance not related to principal cause:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) D. M. Galt M. D.  
Date 4-4 1938 Address Wan Oak

MOTHER BORN IN  
FATHER BORN IN  
MARRIED