

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

58003

Reg. Dist. No. 3101

CERTIFICATE OF DEATH

State File No. _____

4508

Primary Reg. Dist. No. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Hamilton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Hamilton</u>		
b. CITY (If outside corporate limits, write RURAL or and give township) VILLAGE <u>Cincinnati</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Cincinnati</u> <u>33</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>			d. STREET (If rural, give location) ADDRESS <u>2700 Vine Street</u>		
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>William</u> b. (Middle) <u>B</u> c. (Last) <u>Carpenter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 20, 1873</u>	9. AGE (In years last birthday) <u>78</u>	Under 1 Year Months <u>11</u> Days <u>30</u> 17 Under 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Ass'n. of Professional Baseball</u>	11. BIRTHPLACE (State or foreign country) <u>Boston, Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>John Carpenter</u>			14. MOTHER'S MAIDEN NAME <u>Anna Kelly</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>		16. SOCIAL SECURITY NO. <u>290-05-9375</u>	17. INFORMANT'S SIGNATURE <u>Ruth Ann Carpenter</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Vasoular Sclerosis</u> <u>332X</u> DUE TO (c) _____ ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>5 yrs</u>
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) m.	21e. INJURY OCCURRED While at <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 <u>June 3, 1952</u> , to <u>August 19, 1952</u> , and that death occurred at <u>5:50 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>A. J. Therman M.D.</u>		23b. ADDRESS <u>2617 Vine St.</u>		23c. DATE SIGNED <u>8-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>8/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cincinnati Cremation Co.</u>	24d. LOCATION (City, town, or county) (State) <u>Cincinnati, Ohio</u>		
Sub-Registrar's Signature <u>R. E. Welton</u>			NAME OF EMBALMER <u>Donald F. Juenger</u>		(LIC. NO.) <u>5791A</u>
DATE REC'D BY LOCAL REG. <u>SEP 2 1952</u>	REGISTRAR'S SIGNATURE <u>R. E. Welton</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Howard W. Salside</u>		(LIC. NO.) <u>3617</u>