

## OHIO DEPARTMENT OF HEALTH

64887

Reg. Dist. No. 2

COLUMBUS

State File No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

## CERTIFICATE OF DEATH

Registrar's No. 9115

Department of Commerce — Bureau of the Census

## 1. PLACE OF DEATH:

- (a) County Cuyahoga
- (b) Cleveland  
(City, Village, Township)
- (c) Name of hospital or institution:  
2021 East 100 St  
(If not in hospital or institution, write street No. or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Days)  
In this community \_\_\_\_\_ (Years, months or days) 24

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State NY (b) County \_\_\_\_\_
- (c) City or village Brooklyn NY  
(If outside city or village, write RURAL.)
- (d) Street No. 124 Dean St  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ X \_\_\_\_\_ years.

## FULL

## 3. NAME

- Richard T Carroll
- (a) If veteran, name war no (b) Social Security No. none
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Birth date of deceased July 21 1884  
(Month) (Day) (Year)

## MEDICAL CERTIFICATION

20. Date of death: Month Nov. day 22  
year 1945 hour 8 PM minute \_\_\_\_\_
21. I hereby certify that I attended the deceased from 22 Nov., 1945 to 22 Nov., 1945:  
that I last saw him alive on Dead upon arrival  
and that death occurred on the date and hour stated above. Duration  
Immediate cause of death Cerebral Thrombosis 5 or \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
61 hr. min.

9. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Salaman

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

12. Name Patricia H Carroll

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Patricia Todd

15. Birthplace Cleveland  
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Mr W J Clarke

- (b) Address 2021 E 100 St

17. (a) Burial, cremation, or other; (b) Date 11-27-45  
(Month) (Day) (Year)

- (c) Place Salmon 11-23-45

- (d) George Larkin 7044  
(Name of Undertaker) (Lic. No.)

18. (a) E 9120 Vand 516  
(Signature of Funeral Director) (Lic. No.)

- (b) Address 11170 Euclid Ave

19. (a) NOV 24 1945  
(Date received local registration)

- Belle Marotta  
(Registrar's signature)

Due to CAUSE undetermined.

Due to Probable myocarditis, chronic

Other conditions  
(Include pregnancy within 3 months of death):

Major findings of operation \_\_\_\_\_

Major findings of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? OK. City of Cleveland

Signature Ferman C. Smith, M.D.  
(Specify if Doctor of Medicine or Osteopathy)

Address 1303 S. 110th St. Date signed 23 Nov 45

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