

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

49554

1 PLACE OF DEATH
County Cuyahoga Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. 2118
or Village _____ No. 1916 E 93rd St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cleveland
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 William Miller Congalton Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 1916 E 93rd 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 _____
5. SINGLE, MARRIED, Write the word Widowed or Divorced married
6. If Married, Widowed, or Divorced Husband of (or) Wife of Harriett Griffin
7. DATE OF BIRTH (month, day, and year) Jan. 24, 1878
8. AGE (years) Months Days If LESS than 1 day _____ hrs. or _____ min. 59 6 26
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Works City Cleveland
11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Aug. 1937
12. BIRTHPLACE (city or town) (State or country) Guilph, Ontario Canada
13. NAME Albert Congalton
14. BIRTHPLACE (city or town) (State or country) unk. Scotland
15. MAIDEN NAME Maria Miller
16. BIRTHPLACE (city or town) (State or country) unk. Scotland
17. The Signature of Informant Harriett Griffin Bogella and (Address) 1916 E 93rd
18. BURIAL, CREMATION, OR REMOVAL Place Crown Hill Date Aug. 21 1937
19. FUNERAL FIRM Delford O. Dougherty
19a. BURIED BY J. J. ... Lic. No. 2092
Address 2937 Cleveland Ave
19b. EMBALMER J. J. ... Lic. No. 2430
20. FILED _____ 1937 _____
D.C. 012 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 19 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Aug 19, 1937.
I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above at 4 am.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Cardiac - Hypertrophy and Insufficiency
CONTRIBUTORY CAUSES OF importance not related to principal cause: Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? Yes
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? No
If so, specify _____
(Signed) W. J. Weeks M. D.
Date 8/19/37 Address 2546 Lorain

OCCUPATION
MOTHER FATHER