

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

71486

1 PLACE OF DEATH

County Preble Registration District No. 1078 File No. 26
Township Somers Primary Registration District No. 5657 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 H. Dearmond

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence No. RR # 3 Camden Ohio St., _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae

6. DATE OF BIRTH (month, day, and year) 2-13-1877

7. AGE Years 56 Months 10 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. XXX
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Okeana (State or country) Ohio

MOTHER FATHER 13. NAME James Dearmond

14. BIRTHPLACE (city or town) Okeana (State or country) Ohio

15. MAIDEN NAME Amanda Hummer

16. BIRTHPLACE (city or town) Okeana (State or country) Ohio

17. INFORMANT The Signature of Mrs. S. B. Douglass and (Address) 7115 W. Walnut Oxford O.

18. BURIAL, CREMATION, OR REMOVAL Place Shandon Ohio Date 12-21-33 19.

19. UNDERTAKER The Grissmer Trine Co (Address) Hamilton Ohio 3613-A

19a. Was body embalmed Yes Embalmer's No. _____

20. FILED 12-21 1933 Edna Bansted Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 17, 1933.

I last saw him alive on Dec 17, 1933, death is said to have occurred on the date stated above at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset

104 Pneumonia Dec 8
auto Intoxication on day

CONTRIBUTORY CAUSES of importance not related to principal cause:

Other Pneumonia Dec 8

Name of operation stomach 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) H. H. Someth M. D.
Date 12-18-1933 Address Oxford Ohio