

82a-97

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

6980

1 PLACE OF DEATH

County Cuyahoga Registration District No. _____ File No. _____

Township _____ Primary Registration District No. _____ Registered No. _____

or Village _____ No. _____ St. _____ Ward _____

or City of Cleveland (If death occurred in a hospital or institution, give its NAME instead of street and number)

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 Joseph N. Delahanty Did Deceased Serve in U. S. Navy or Army _____

(a) Residence No. 1777 Barrington Ave. Ward _____ (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) 1/29, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 29 1936

6. DATE OF BIRTH (month, day, and year) 03-18-1876

23. I last saw him alive on Jan 27 1936 death is said to have occurred on the date stated above at 9:11 a.m.

7. AGE Years 59 Months 3 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dep. Sheriff

Cerebral Haemorrhage 1/13/36

9. Industry or business in which work was done, as silk reeler, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent by this occupation _____

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:
Arteriosclerosis

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

MOTHER FATHER 11. NAME James Delahanty

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Judith Crane

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT The Signature of James Delahanty, Father and (Address) 1777 Barrington Ave.

8. BURIAL, CREMATION, OR REMOVAL Place Calverton Date Feb 1 1936

9. FUNERAL DIRECTOR (Address) 309 E. 1st St. Lic. No. _____

9a. Was body embalmed? Yes Embalmer's Lic. No. 196077

9. FILED _____ 1936 _____

Name of operation _____ Date of operation _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936

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 _____ (Sign-d) _____ M. D.

Date 1-29-1936 Address 892 Superior