

# STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH,

County of Ohio,

City of Wheeling, No. North W. Hospital 1 St. Ward

Registered No. .... 818 .....  
 Health Department  
 Wheeling  
 West Virginia

(If death occurred in a Hospital or Institution, give its name instead of Street and Number.)

2 FULL NAME William George

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the Word)

6 DATE OF BIRTH Dec 25, 1864  
Month Day Year

7 AGE 51 Yrs. 7 Mo. 28 Ds. If LESS than 1 day.....Hrs. or.....Min.

8 OCCUPATION  
 (a) Trade, Profession or particular kind of work. Saloon Keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or Country) Ohio

PARENTS  
 10 NAME OF FATHER Henry M. George  
 11 BIRTHPLACE OF FATHER (State or Country) Germany  
 12 MARDEN NAME OF MOTHER Berovica Hemmell  
 13 BIRTHPLACE OF MOTHER (State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Wm W. George  
 (Address) Belleisle Ohio

15 Filed Aug. 24, 1916 W. C. Etzler, M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 23, 1916  
Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1916, to Aug 23, 1916; that I last saw him alive on Aug 23, 1916, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH\* was as follows:  
ruptured gall bladder & peritonitis  
 (Duration)..... Yrs. .... Mos. 7 Ds.

Contributory Alcohol  
 Secondary  
 (Duration)..... Yrs. .... Mos. .... Ds.  
 Signed E. S. Bigger M. D.

\* State the disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal.

18 LENGTH OF RESIDENCE for Hospitals, Institutions, Transients, or Recent Residents  
 At place of death 2 Yrs. 0 Mos. 7 Ds. In the 0 Yrs. 0 Mos. 7 Ds.  
 Where was disease contracted, if not at place of death Belleisle Ohio  
 Former or usual Residence Belleisle Ohio

19 PLACE OF BURIAL OR REMOVAL St. Calvary Cemetery Belleisle O. DATE OF BURIAL Aug 26, 1916  
 20 UNDERTAKERS Wm W. George ADDRESS Belleisle O.