

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. **756**
Primary Reg. Dist. No. **5134**State File No. **19717**
Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY Lorain			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Ohio b. COUNTY Lorain		
b. CITY (If outside corporate limits, write RURAL OR VILLAGE) Rural-Carlisle Twp.		c. LENGTH OF STAY (in this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township): OR VILLAGE Rural-Carlisle Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res., 1350 East Avenue			d. STREET (If rural, give location) ADDRESS 1350 East Avenue, Elyria		
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) Pitkin		b. (Middle) Clark		c. (Last) Gilman	4. DATE OF DEATH (Month) (Day) (Year) August 17 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1864	9. AGE (In years last birthday) 86 yrs	Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Salesman-Ret'd.		10b. KIND OF BUSINESS OR INDUSTRY Robert F. MacKenzie Candy Co.,	11. BIRTHPLACE (State or foreign country) Eaton Township, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John J. Gilman			14. MOTHER'S MAIDEN NAME Mirandy Pitkin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE Mary Gilman		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 1 year 20 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct. 15, 1949 , to Aug. 17, 1950 , and that death occurred at 1:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Sh. J. J. J.		(Degree or title) M. D.	23b. ADDRESS Elyria, Ohio		23c. DATE SIGNED 8/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-50	24c. NAME OF CEMETERY OR CREMATORY Butternut Ridge Cemetery	24d. LOCATION (City, town, or county) (State) North Eaton, Ohio		
BIRTH NO.			NAME OF EMBALMER Wayne A. H. Garland		(LIC. NO.) 5279-A
DATE REC'D BY LOCAL REG. 8-19-50	REGISTRAR'S SIGNATURE H. P. Robinson, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H. P. Robinson		(LIC. NO.) 2357

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11