

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH
County Franklin Registration District No. 792 File No. none
Township _____ Primary Registration District No. 8187 Registered No. 12632
or Village _____ No. _____ St., _____ Ward _____
or City of Columbus (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 James Edward Handiboe Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 374 - N Washington St. W. Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, Write the word
Widowed or Married or Divorced
5a. If Married, Widowed, or Divorced
Husband of (or) Wife of Anna B Handiboe
6. DATE OF BIRTH (month, day, and year) July 19, 1876
7. AGE (years) (Months) (Days) 76 3 19 If LEES than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (month, day, and year) 11-8-1942
22. I HEREBY CERTIFY, That I attended deceased from 3/28 1922 to 11/8 1942
I last saw him alive on 11/7 1942, death is said to have occurred on the date stated above at 9 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Arteriosclerosis, myocardial degeneration, arteriosclerosis
Date of onset _____

12. BIRTHPLACE (city or town) Columbus (State or country) Ohio
13. NAME Nicholas Handiboe
14. BIRTHPLACE (city or town) Pearu (State or country) _____
15. MAIDEN NAME Bridget Benson
16. BIRTHPLACE (city or town) Ireland (State or country) _____

CONTRIBUTORY CAUSES of importance not related to principal cause:
8. vertebrae hypertrophy
Name of operating hospital Date of 4/19/42
What test confirmed diagnosis? skin test Was there an autopsy? yes

The Signature of Anna B Handiboe
17. INFORMANT (and Address) 374 - N Washington
18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Date 11-11-1942
19. FUNERAL FIRM Wagon and Co
20a. BURIED BY St. Joseph's No. 1520
Address 403 - E. Broad St.
20b. EMBALMER Wagon and Co Lic. No. 39682
20. FILED 11-8-1942 J. Herbert Miller Registrar.

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) Wagon and Co M. D.
Date 11/9 1942 Address 265 N. Washington St.

OCCUPATION

Father
Mother