

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

1 PLACE OF DEATH

County Hamilton Registration District No. 64 File No. 57476
Township Yarmouth Primary Registration District No. 3622 Registered No. 64
or Village No. 1507 Yarmouth Avenue St. Ward
or City of Cincinnati (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 178 mos. 19 ds. How long in U. S., if of foreign birth? 378 mos. 64 ds.
2 FULL NAME William F. Hart Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 1333 Carolina Avenue St. 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) Widower

6a. If married, widowed, or divorced HUSBAND of Elizabeth C. Overend Hart (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 2 19

8. Trade, profession, or particular kind of work done, as Retired Electrotypewriter (Recurrent attacks)
sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 1st attack about 5.1.35
saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (year and month) spent in this occupation

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

13. NAME Jehiel H. Hart

14. BIRTHPLACE (city or town) New York State
(State or country)

15. MAIDEN NAME Virginia Hughes

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

17. INFORMANT and (Address) Robert J. Hart, 1333 Carolina Ave Cincinnati O.

18. BURIAL, CREMATION, OR REMOVAL Place West Haven Date Sept. 22nd. 1936

19. FUNERAL DIRECTOR W. D. Jacobs Lic. No. 340
(Address) Cincinnati, Ohio

19a. Was body embalmed? Yes Embalmer's Lic. No. 1133-A
Emmanuel E. Miller

20. FILED 19 Registrar

21. DATE OF DEATH (month, day, and year) Sept. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6-1935 to 9-19-1936
I last saw him alive on 9-17-1936 death is said to have occurred on the date stated above at 8-00A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows Coronary Thrombosis Date of onset 9-19-36

Arteriosclerosis
1st attack about 5.1.35

CONTRIBUTORY CAUSES of importance not related to principal cause:
Had lobar pneumonia 5.28.36
fully recovered

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

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?
No

If so, specify M. D.
(Signed) J. Matthews
Date 9-21-1936 Address Wilmington, O.

Robt. L. Good "Embalmer"