

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

74129

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Wayne Registration District No. 1356 File No. _____
Township _____ Primary Registration District No. 8545 Registered No. 207

or Village _____ No. _____ St. _____ Ward _____
or City of Wooster (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 15 yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME Guy Jackson Necker Did Deceased Serve in U. S. Navy or Army no
(a) Residence. No. 700 Sevel Ave. 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 married
6. DATE OF BIRTH (month, day, and year) April 2, 1886
7. AGE (years) Months Days If LESS than 1 day, hrs. or min. 82 8 0 7 15
8. Trade, profession, or particular kind of work done, as lease adjuster
9. Industry or business in which work was done, as Ohio Trust Co.
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) Dec 3, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Dec 3, 1938
I last saw him alive on Dec 9, 1938, death is said to have occurred on the date stated above at 5:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Chronic, subacute nephritis
Date of onset _____

12. BIRTHPLACE (city or town) Youngsville
(State or country) Pa.
13. NAME Thomas Necker
14. BIRTHPLACE (city or town) Youngsville
(State or country) Pa.
15. MAIDEN NAME Linda Boston
16. BIRTHPLACE (city or town) _____
(State or country) _____
17. INFORMANT Guy C. Necker
and (Address) Garden City, L. I., N. Y.

CONTRIBUTORY CAUSES OF importance not related to principal cause:

18. BURIAL, CREMATION, OR REMOVAL
Place Wheaton Date Dec 6, 1938
19. FUNERAL FIRM Wheaton
19a. BURIED BY Wheaton Lic. No. 1187
Address Wheaton
19b. EMBALMER Wheaton Lic. No. 2970
20. FILED Dec 6, 1938 Beulah R. Smith
(388) Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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 _____
(Signed) John H. Mason M. D.
Date Dec 9, 1938 Address Wheaton