

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

64325

1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. 3351  
Township Rocky Primary Registration District No. 7349 Registered No. 3351  
or Village No. 209 Steeles St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Paris, Ohio (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 George F. Kell Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. 509 Steeles St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Irish 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Mattenson

6. DATE OF BIRTH (month, day, and year) July 17 - 1870

7. AGE Years 66 Months 9 Days 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinster, lawyer, bookkeeper, etc. Judge, Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Paris, Ohio

13. NAME George Kell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clara Meyers

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

The Signature of Informant George F. Kell

17. INFORMANT and (Address) 5126 Ottawa Ave Road

18. BURIAL, CREMATION, OR REMOVAL Place Paris, Ohio Date Oct 22 1936

19. FUNERAL DIRECTOR St. Lukes No. 325 (Address) 1003 Broadway

19a. Was body embalmed? yes Embalmer's No. 3468

20. FILED 10 21 1936 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Oct 20 1936  
I last saw him alive on Oct 20 1934 death is said to have occurred on the date stated above at 11 P. M.

THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Valvular Heart Disease

CONTRIBUTORY CAUSES of importance not related to principal cause: Sclerosis of Arteries with high blood pressure

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? no 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 \_\_\_\_\_  
(Signed) W. D. M. D.  
Date 10 21 1936 Address 1602 Huron St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS.