

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Richland Registration District No. 111 3 File No. 60545  
Township \_\_\_\_\_ Primary Registration District No. 8420 Registered No. 371  
or Village \_\_\_\_\_ No. General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of Manfield

2 FULL NAME

Thomas Matthew Mc Dermott, E. 4th St.  
(a) Residence. No. Manfield - Bernswick Hotel - E. 4th St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____		
6 DATE OF BIRTH (month, day, and year) <u>May 15 / 1856</u>		
7 AGE	Years <u>66</u>	Months <u>8</u>
	Days <u>8</u>	if LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Telegrapher 44</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		

9 BIRTHPLACE (city or town) Janesville  
(State or country) Ohio

10 NAME OF FATHER John Mc Dermott

11 BIRTHPLACE OF FATHER (city or town) not known  
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Maria Carpenter

13 BIRTHPLACE OF MOTHER (city or town) not known  
(State or country) Ireland

14 Informant B. F. Mc Dermott  
(Address) Barret and

15 Filed 11-24 1922 J. F. Fitch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 23 1922  
17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1922 to Nov 23 1922 that I last saw him alive on Nov 22 1922 and that death occurred, on the date stated above, at 3-309 a.m.  
The CAUSE OF DEATH\* was as follows:

Cancer. Stomach and Intestines  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18 Where was disease contracted \_\_\_\_\_ if not at place of death? \_\_\_\_\_

Did an operation precede death? yes Date of 1920

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) M. J. Davis M. D.  
Nov 23 1922 (Address) Manfield

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Janesville Ohio DATE OF BURIAL Nov 25 1922

20 UNDERTAKER, License No. 16849, ADDRESS Beelman & Sharp Manfield