

BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 17198

Township

Primary Registration District No. 1187 Registered No. 1506

or Village

No. 2471 21 High St. St. Wardor 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. Row 100 in U. S., if of foreign birth? yrs. mos. ds. Did Deceased Serve in U. S. Navy or Army

2 FULL NAME George West M. Gulland(a) Residence. No. 2471 21 High St. St. Ward (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White 5. SINGLE, MARRIED, Write the wordMarried

6. If Married, Widowed, or Divorced

Husband of (or) Wife of Mary Bernadine M. Gulland7. DATE OF BIRTH (month, day, and year) May 1 18878. AGE (years) Months Days If LESS than 1 day hrs. 41 10 29

9. TRADE, PROFESSION, OR PARTICIPATION

Furniture Salesman10. DATE DECEASED (month and year) Mar 30 1940

11. Total time (years) months in this occupation (month and year)

41 10 2912. BIRTHPLACE (city or town) Brooklyn, N.Y.

(State or country)

13. NAME Robert Hamilton M. Gulland14. BIRTHPLACE (city or town) Ireland

(State or country)

15. MAIDEN NAME Mary Gulland16. BIRTHPLACE (city or town) Ireland

(State or country)

17. SIGNATURE OF DECEASED George West M. GullandAddress 2471 21 High St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Catherine's Co. Date April 2 194019. FUNERAL FIRM St. Catherine's Co.20. BURIED BY St. Catherine's Co. Lic. No.Address St. Catherine's Co.21. EMBALMER St. Catherine's Co. Lic. No. 4205A22. FILED 4-1-40 Registrar Herbert M. Mumford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-30-194022. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Mar 30 1940.Deceased was living on Mar 30 1940, death is saidto have occurred on the date stated above at 6:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

in order of order were as follows: Coronary thrombosisasthma (bronchial)Date of onset Jan 19371937/40

CONTRIBUTORY CAUSES OF Importance not related

to principal cause:

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

23. If death was due to external causes (violence) fill in also the fol-

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 operation

Nature of injury

24. Was there an injury in any way related to occupation of deceased?

No

If so, specify (In detail)

Date 4-1-40 Address Columbus, O.

MOTHER'S (FATHER'S) OCCUPATION

Important. See instructions on back of certificate.