

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

**1 PLACE OF DEATH**

County Hardin Co. Registration District No. 535 File No. 53779  
 Township                      Primary Registration District No. 8248 Registered No. 135  
 or Village                      No. 334 N. Main St.,                      Ward                       
 or City of Kenton (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** Otto Adam Neu Did Deceased Serve in U. S. Navy or Army yes  
 (a) Residence. No. 334 N. Main St.,                      Ward.                       
 (Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

**6. DATE OF BIRTH (month, day, and year)** Sept 24, 1894

**7. AGE** Years 37 Months 11 Days 25 If LESS than 1 day,                      hrs. or                      min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** wholesale rug merchant  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** self. 8991  
**10. Date deceased last worked at this occupation (month and year)**                      **11. Total time (years) spent in this occupation** 26

**12. BIRTHPLACE (city or town) (State or country)** Springfield Ohio.

**13. NAME** Fredrick Neu

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

**15. MAIDEN NAME** Elizabeth Neu

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

**17. INFORMANT and (Address)** H. J. Neu Kenton Ohio

**18. BURIAL, CREMATION, OR REMOVAL** Place Fern Cliff Springs Date 9/21 1932

**19. UNDERTAKER (Address)** W. C. Boyd MARION OHIO

**19a. Was body embalmed** yes Embalmer's No. 3907A

**20. FILED** 9/21 1932 J. A. Fyman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (month, day, and year)** 9-19, 1932

**22. I HEREBY CERTIFY, That I attended deceased from** Sept. 11, 1932 to Sept 19, 1932

I last saw him alive on Sept. 18, 1932 death is said to have occurred on the date stated above at 1:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset, were as follows:

Septicemia Date of onset                     

CONTRIBUTORY CAUSES of importance not related to principal cause: vertebral Caries

Name of operation None Date of                       
 What test confirmed diagnosis Cerebral 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                     

(Signed) R. C. McNeill M. D.  
 Date Sept 19 1932 Address Kenton Ohio