

DEPARTMENT OF COMMERCE  
Bureau of the Census

494

8227

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registrar's No.

5178

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH

(a) County Boeckler Hamilton

(b) City or town Cincinnati  
(If outside city or town limits, write RURAL)

(c) Name of hospital, or institution:  
Good Samaritan  
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Boeckler

(c) City or town Cincinnati Ky  
(If outside city or town limits, write RURAL)

(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ year

3(a) FULL NAME Alylie Piatt

## 3(b) If veteran, \_\_\_\_\_

## 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex m 5. Color or race w 6(a) Single, widowed, married, divorced \_\_\_\_\_

## 6(b) Name of husband or wife \_\_\_\_\_

## 6(c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Sept 12 - 1873  
Month (Day) (Year)

8. AGE: 73 Years 2 Months 7 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio10. Usual occupation Laborer11. Industry or business RetiredFATHER { 12. Name John Piatt13. Birthplace OhioMOTHER { 14. Maiden name Do not know

## 15. Birthplace \_\_\_\_\_

16(a) Informant's own signature Miss Lutie Piatt(b) Address Augusta, Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place Boeckler Date Sept. 22, 46

18(a) Signature of funeral director H. B. M. ...(b) Address Augusta, Ky

19(a) SEP 24 1946 (Date received by local registrar)

(b) Boeckler (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-46 1946

21. I hereby certify that I attended the deceased from 9-1-46 to 9-20-46 1946 that I last saw him alive on 9-20-46 and that death occurred on the date stated above at 11 H.

## Immediate cause of death

Carcinoma of stomach  
with complete obstruction

Due to General Peritonitis  
Carcinomatous

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## DURATION

1 yr  
1 mo

## Major findings:

Of operations 9-16-46  
Carcinoma

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

## While at work? \_\_\_\_\_

## (a) Means of injury \_\_\_\_\_

23. Signature Giles D. Courcy (M. D. or other) \_\_\_\_\_

Address 2110 W 7 Date signed 9/21/46