

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

63552

1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. 3201
 Township _____ Primary Registration District No. 3349 Registered No. 3199
 or Village _____ No. _____ St. _____ Ward _____
 or City of Toledo (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 Edward J. Scott Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. 150 East Broadway 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) Married

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

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>2</u>	<u>19</u>	

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

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

10. Date deceased last worked at this occupation (month and year) 2/4 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Waldbridge (State or country) Ohio

13. NAME James Scott

14. BIRTHPLACE (city or town) Ohio (State or country) _____

15. MAIDEN NAME Sarah Loop

16. BIRTHPLACE (city or town) Ohio (State or country) _____

The Signature of Informant J. E. Scott and (Address) 150 E. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Memorial Park Date Nov 4, 1933

19. UNDERTAKER (Address) James P. Clegg, 631 Euclid City

19a. Was body embalmed yes Embalmer's No. 12313

20. FILED 11 4, 1933 Sam Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Nov 1, 1933

I last saw him alive on Nov 1, 1933, death is said to have occurred on the date stated above at _____ m.

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

Acute hepatitis with retention of urine followed by acute Parotitis & Splenitis

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation Opening of abdominal cavity Date of Oct 29/33
 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? _____ 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? _____

If so, specify _____
 (Signed) Joseph Dunlop, M. D.
 Date Nov 3, 1933 Address 1993 Staro Dr

OCCUPATION

MOTHER FATHER