

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

39152
92

1 PLACE OF DEATH
County Ottawa Registration District No. 987 File No. 92
Township Putnam Bay Primary Registration District No. 5518 Registered No. _____
or Village _____ No. _____ St. _____ Ward _____
or City of _____ (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 Charles W. Somers Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Putnam Bay Ohio Ward. _____ (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Gilbert Somers

6. DATE OF BIRTH (month, day, and year) Feb 13, 1865

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
65 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Miner
10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this occupation 45

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

13. NAME Joseph H Somers

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

15. MAIDEN NAME Philenia McGinn

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

17. The Signature of INFORMANT and (Address) W. Somers Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Putnam Bay Ohio Date June 29, 1934

19. UNDERTAKER (Address) Chas. McLaughlin 12157 Euclid

19a. Was body embalmed? Yes Embalmers No. 235-19

20. FILED June 29, 1934 B. J. McEann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934 to June 29, 1934
I last saw him alive on June 28, 1934 death is said to have occurred on the date stated above at 8 A.M.

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

Bronchitis of Liver
46

CONTRIBUTORY CAUSES of importance not related to principal cause:

Heart Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) John E. Toedje D. Date June 29, 1934 Address Putnam Bay