

~~EUTHYOCOCENTEX~~

ONE DOLLAR

Copy of Death Certificate

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF HEALTH

BUREAU OF VITAL STATISTICS
CITY OF CLEVELAND
STATE OF OHIO

REGISTRATION DISTRICT No. 8116

1 PLACE OF DEATH

Registered No. _____

County of Cuyahoga, City of Cleveland, No. 2608 Street Chatham Avenue
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Andy Sommers

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. 2608 Chatham Avenue St., _____ Ward _____
(If non-resident 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 _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
43yrs. - - -

OCCUPATION 8. Trade, profession, or particular kind of work done as a SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____

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

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT and (Address) _____
The Signature of _____

18. BURIAL PLACE Monroe Street Cemetery _____ 19 _____

19. FUNERAL FIRM Frank G. Nunn

19a. BURIED BY Frank G. Nunn Lic. No. _____
Address _____

19b. EMBALMER _____ Lic. No. _____

20. FILED in order, 19 _____ E.A. Fern Registrar.

Medical Certificate of Death

21. DATE OF DEATH (month, day, and year) July 22, 1908

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____, 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:

Asthemia Date of Onset _____
Generalized Paresis 2yrs.

CONTRIBUTORY CAUSES of importance not related to principal causes: Syphilis

Name of operation _____ Date of _____
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) R. G. McTaggart M. D.
Date _____ 19 _____ Address _____