

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

66565

1 PLACE OF DEATH  
73 County SCIOTO

Registration District No. 1160 File No. 615

Township PORTSMOUTH

Primary Registration District No. 8451 Registered No. 615

or Village PORTSMOUTH  
City of PORTSMOUTH

No. 2 Ward 3  
(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 \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If foreign birth) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME Charles A. Spencer Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. 1645 Highland St., 3 Ward. (If nonresidential give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR White  
1. SINGLE, MARRIED, Write the word  
Widowed or Divorced Widowed

21. DATE OF DEATH (month, day, and year) Nov 10, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1927 to Nov 10, 1938  
I last saw him alive on Nov 10, 1938, death is said

5a. If Married, Widowed, or Divorced  
5b. Husband of (or) Wife of \_\_\_\_\_

to have occurred on the date stated above at 110 \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Apr 2, 1883  
7. AGE (years) Months Days 55 8 8  
If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 7x4 1/2  
8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. Time - Inspector  
9. Industry or business in which work was done, as alk mill, saw mill, bank, etc. State Highway Dept  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 31

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Chronic interstitial nephritis  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (city or town, county, State or country) Frederick, Ohio

CONTRIBUTORY CAUSES of importance not related to principal cause: uricemia

13. NAME C. A. Spencer

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (city or town, county, State or country) Jackson Co, Ohio

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)

15. MAIDEN NAME Martha J. Thompson

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

16. BIRTHPLACE (city or town, county, State or country) Frederick, Ohio

24. Was disease or injury in any way related to occupation of deceased?  
No  
If so, specify \_\_\_\_\_  
(Signed) J. M. Keil M. D.

17. INFORMANT Wm. Wayne Stover  
and (Address) 11916 Oakland Avenue

18. BURIAL, CREMATION, OR REMOVAL  
Place Frederick Date Nov 12, 1938

19a. FUNERAL FIRM Spencer & Sons Lic. No. 510

19b. EMBALMER James P. O'Connell Lic. No. 4061

20. FILED 1-1-1939 Registrar.

Date \_\_\_\_\_ 193\_\_\_\_ Address 1531 12th  
Portsmouth, O.

OCCUPATION

MOTHER MARRIED