

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

1 PLACE OF DEATH

County Cuyahoga  
Township Cleveland Hills

Registration District No. 8108 File No. 57290  
Primary Registration District No. \_\_\_\_\_ Registered No. 246

or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Cleveland Hills (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 Harvey Spurway Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. 3780 Mayfield Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) married

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

6. DATE OF BIRTH (month, day, and year) Jan 19 - 1877

7. AGE	Years	Months	Days	If LESS than
	<u>60</u>	<u>8</u>	<u>22</u>	1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5X94 \$20

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

12. BIRTHPLACE (city or town, State or country) Cleveland O

13. NAME Anton B Spurway

14. BIRTHPLACE (city or town, State or country) Prohaska

15. MAIDEN NAME Mary Havlicek

16. BIRTHPLACE (city or town, State or country) Prohaska

The Signature of INFORMANT and (Address) Howard B Spurway 3780 Mayfield Rd

18. BURIAL, CREMATION, OR REBURYAL Place Woodland Date 10/14/32

19. UNDERTAKER (Address) A. H. & Sons 3780 Mayfield Rd

19a. Was body embalmed by \_\_\_\_\_ Embalmer's No. \_\_\_\_\_

20. FILED 10/13 1932 W. H. Canfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932 to Oct 11, 1932

I last saw him alive on Oct 11, 1932 death is said to have occurred on the date stated above at 8:35 P m.

23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: apoplexy - (3rd) 5 yrs.

CONTRIBUTORY CAUSES of importance not related to principal cause: Hemiplegia 5 yrs

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Syphilis 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) A. B. Spurway

Date 10/13 1932 Address 1401 11th Ave Bldg

OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION

MOTHER FATHER