

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

82088
3708

1 PLACE OF DEATH
County Cayahoga Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. _____
or Village _____ No. _____ St. _____ Ward _____
or City of Cleveland (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 Lawrence B. Wittchell Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 3193 West 99th 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
6. DATE OF BIRTH (month, day, and year) April 15 - 1864
7. AGE Years 66 Months 2 Days 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waller Bros Co
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation 34
11. BIRTHPLACE (city or town) Cleveland (State or country) Ohio
12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio
13. NAME Lawrence Wittchell
14. BIRTHPLACE (city or town) New York State (State or country) _____
15. MAIDEN NAME Elizabeth Mansur
16. BIRTHPLACE (city or town) Easton (State or country) Penn
17. INFORMANT The Signature of Mrs Lawrence B Wittchell and (Address) 3193 West 99th St
18. BURIAL, CREMATION, OR REMOVAL Place Wallerwood Date July 25 1930
19. UNDERTAKER (Address) Walter Mansur
19a. Was body embalmed? Yes Embalmer's No. 3727A
20. FILED _____ 19 _____ Registrar. W. J. Mansur

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1930
22. I HEREBY CERTIFY, That I attended deceased from April 20 1930 to 4/23 1930
I last saw him alive on 4/22 1930, death is said to have occurred on the date stated above at 630a m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Coronary disease Date of onset 3/30
CONTRIBUTORY CAUSES of importance not related to principal cause:
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?
No
If so, specify _____
(Signed) W. J. Mansur M. D.
(Address) 9806 Madison Ave

MARGIN RESERVED FOR BINDING

of information should be carefully compared with statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.