

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bellemead Registration District No. 99 File No. 63898  
Township..... Primary Registration District No. 8041 Registered No. 280  
or Village..... No. Bellemead City Hospital Ward 4  
or City of Bellemead (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Dighton White Did Deceased Serve in U. S. Navy or Army.....

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) May 10 1860

7 AGE Years 64 Months 7 Days 29 If LESS than 1 day..... hrs. or..... min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Safety Department Guard  
(b) General nature of industry, business, or establishment in which employed (or employer) Engines Tube Mill  
(c) Name of employer .....

9 BIRTHPLACE (city or town) Bridgport, Ohio  
(State or country)

10 NAME OF FATHER Henry White

11 BIRTHPLACE OF FATHER (city or town) England  
(State or country)

12 MAIDEN NAME OF MOTHER John Makepeace

13 BIRTHPLACE OF MOTHER (city or town) England  
(State or country)

14 Informant James S. Becker  
(Address) 13624 Noble St. Bellmead

15 Filed 12/30 1924 W. J. Shepard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 29 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1924 to Dec 29 1924 that I last saw him alive on Dec 29 1924 and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH was as follows: Lobar Pneumonia

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18 Where was disease contracted, if not at place of death? .....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? .....

(Signed) Klees M.D. Dec 29 1924 (Address) Bellemead, Ohio

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION, OR REMOVAL Rose Hill Bellemead, O. DATE OF BURIAL Dec 31, 1924

20 UNDERTAKER, License No. Dr. J. J. ... ADDRESS Bellemead, O.