

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 18151
Township _____ Primary Registration District No. 8187 Registered No. 9056
or Village _____ No. Black Post Home St. _____ Ward _____
or City of Columbus, Ohio (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 _____ J. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Thomas C. Williams Did Deceased Serve in _____
(a) Residence. No. 3324 E. Broad St. _____ Ward _____ U. S. Navy or Army _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, Write the word
Widowed or Divorced Widowed
6. If Married, Widowed, or Divorced
Husband of (or) Wife of Medonas
7. DATE OF BIRTH (month, day, and year) _____
8. AGE (years) Months Days If LESS than 1 day hrs. or min.
69 11 8
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines etc.
11. Date deceased last worked at (file occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Meigs Co. Ohio
13. NAME David Williams
14. BIRTHPLACE (city or town) (State or country) Wales
15. MAIDEN NAME Hannah Hitchens
16. BIRTHPLACE (city or town) (State or country) Wales
17. The Signature of Informant William J. Williams
and (Address) New Straitsville, Ohio
18. BURIAL, CREMATION, OR REMAINS New Straitsville, Ohio
19. FUNERAL FIRM W. J. Beaman
19a. BURIED BY W. J. Beaman No. 1263
Address New Straitsville, Ohio
19b. EMBALMER W. J. Beaman Lic. No. 39403
20. FILED 7-27, 1940 Robert Humm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27, 40
22. I HEREBY CERTIFY, That I attended deceased from New _____, 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: Coronary Thrombosis
Date of onset _____
CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? History Is there an autopsy? Yes
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) Earl C. Smith M. D.
Date 7/27, 1940 Address 969 Caedon