

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

1 PLACE OF DEATH

County Wood Registration District No. 1453 File No. 105:15R
Township _____ Primary Registration District No. 3475 Registered No. _____
or Village Tontogany No. _____ St. _____ Ward _____
or City of _____ (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 _____ yr. _____ mo. _____ dt. How long in U. S., if of foreign birth? _____ yr. _____ mo. _____ dt. Did Deceased Serve in U. S. Navy or Army _____

2 FULL NAME William S. Wright

(a) Residence. No. Tontogany St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE W 5. SINGLE, MARRIED, Write the word Widowed or Divorced Single
5a. If Married, Widowed, or Divorced Husband of (or) Wife of _____
6. DATE OF BIRTH (month, day, and year) Feb. 21, 1880
7. AGE (years) Months Days If LESS than 1 day _____ hr. or _____ min. 61 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1-1-41 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Waterville (State or country) Ohio

13. NAME David W. Wright

14. BIRTHPLACE (city or town) Huron (State or country) Ohio

15. MAIDEN NAME Elizabeth Simonson

16. BIRTHPLACE (city or town) Cambodgeville (State or country) England

17. The Signature of INFORMANT Donald Wright and (Address) Tontogany, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Tontogany Date July 10, 1941

19. FUNERAL FIRM Wright Funeral Home

19a. BURIED BY Wright Lk. No. 3164

19b. EMBALMER Paul Case Lk. No. 4487A

20. FILED 7-10, 1941 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8, 1941
22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1940 to July 8, 1941. I last saw him alive on July 7, 1941, death is said to have occurred on the date stated above at 9:52 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Cancer of left neck. Date of onset May 40
55

CONTRIBUTORY CAUSES OF importance not related to principal cause:

Name of operation Wels gland Res Date of Oct 10, 40

What test confirmed diagnosis? NO 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) N. J. Johnston M. D.

Date 7-9, 1941 Address Tontogany, Ohio

Important - See instructions on back of certificate.