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OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

State File No. 76344

Reg. Dis. No. 79-7900

Primary Reg. Dis. No. 470

CERTIFICATE OF DEATH

Registrar's No.

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK

1. PLACE OF DEATH a. COUNTY <u>Tuscarawas</u>		3. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Tuscarawas</u> c. CITY (If outside corporate limits, write BUREAU and give township) d. VILLAGE <u>Newcomerstown, Rt 7</u> e. STREET (If rural, give location) ADDRESS <u>Washington township</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) VILLAGE <u>Newcomerstown, Ohio</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 - 1955</u>	
2. FULL NAME OF DECEASED (If NOT in hospital or institution, give street address) <u>PT #1</u>		5. AGE (In years) (last birthday) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

1. NAME OF DECEASED (First) <u>Wentz</u>	2. (Middle) <u>True</u>	3. (Last) <u>Young</u>	6. DATE OF BIRTH (Month) (Day) (Year) <u>March 29 - 1867</u>
4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>widowed</u>	8. AGE (In years) (last birthday) <u>88</u>
9. USUAL OCCUPATION <u>Retired Nat. Ball player</u>		10. BUSINESS OR INDUSTRY	
11. FATHER'S NAME <u>Mr. Keisse</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13. FATHER'S NAME <u>Mr. Keisse</u>	14. MOTHER'S MAIDEN NAME <u>Mrs. Ruth Miller</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE <u>Mrs. Ruth Benedum</u>	

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), (c) and (d)) *This does not mean the mode of dying, such as heart failure, stroke, etc., but it means the direct, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET OF ILLNESS AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Coronary Occlusion</u> b. <u>Cerebro-sclerotic Heart Dam. - 6 Mo.</u>		
AMTICIPATED CAUSE		19b. MAJOR FINDINGS OF OPERATION	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	
19a. DATE OF OPERATION	20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

21a. ACCIDENT (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED BY (Write on the White or Wax <input type="checkbox"/> or Wax <input type="checkbox"/> of Wax <input type="checkbox"/>)	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15 1955 to Nov 4 1955, and that death accurately 7:30 a.m. from complications and on the date stated above.

23a. SIGNATURE <u>Thomas To Rothe M.D.</u>	23b. ADDRESS <u>Graden Lutter C</u>	23c. DATE SIGNED <u>11-6-1955</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	24b. DATE <u>Nov. 7 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peoli Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Peoli Ohio</u>
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NAME OF SURVIVOR <u>W. R. Deeds</u>	25c. NO. 3 <u>3515 0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Deeds</u>	SUC. NO. 3 <u>865</u>
FURNERAL FIRM AND ADDRESS (STREET NO.) <u>Deeds Funeral Home 347 College St Newcomerstown, Ohio</u>	25d. NO. 4	25f. REGISTRAR'S SIGNATURE <u>Thomas Addy</u>	
DATE REC'D BY LOCAL REG. <u>11/8/55</u>	25e. NO. 5		