

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Social Security

## 1 PLACE OF DEATH

County Cuyahoga

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City of ClevelandRegistration District No. 8118

Primary Registration District No. \_\_\_\_\_

No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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 William DaleDid Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_(a) Residence. No. 2824 Portman ave.

St., \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White 5. SINGLE, MARRIED. Write the word  
Widowed or Divorced Widow5a. If Married, Widowed, or Divorced  
Husband of \_\_\_\_\_  
(or) Wife of Kate Dale6. DATE OF BIRTH (month, day, and year) 4/29/18637. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs.  
79 0 26 or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Retired Elevator9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. Operator10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_ 11. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (city or town) St. Louis, Mo.  
(State or country)

Father

13. NAME William Dale14. BIRTHPLACE (city or town) England  
(State or country)

Mother

15. MAIDEN NAME Elizabeth Gordahn16. BIRTHPLACE (city or town) England  
(State or country)17. The Signature of Mrs. Geneva Hosi  
INFORMANT \_\_\_\_\_  
and (Address) 2824 Portman ave. Cleveland18. BURIAL, CREMATION, OR REMOVAL  
Place Brooklyn Hts Date 6/27/1942 19. \_\_\_\_\_19a. FUNERAL FIRM G.H. Busch and Son, Inc.19b. Address J.M. Busch Lic. No. 8  
4334 Pearl rd.19c. EMBALMER J.M. Busch Lic. No. 311120. FIDELITY 19 \_\_\_\_\_  
JUN 26 1942 \_\_\_\_\_ Registrar. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/25/1942

22. I HEREBY CERTIFY, That I attended deceased from

June 22, 1942, to June 25, 1942I last saw him alive on June 25, 1942, death is saidto have occurred on the date stated above at 9:50 p. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_Coronary Thrombosis  
Chronic MyocarditisCONTRIBUTORY 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?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

Date \_\_\_\_\_ 19 \_\_\_\_\_ Address 4275 Pearl Rd