48B-93D D005 Certified Copy

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH 8118

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Cuyahoga
Township
or Village
or City of Cleveland

Registration District No. — File No. 9417 1638
Primary Registration District No. — Registered 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 Kate Dale
Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. 3336 Mill Ct. St., Ward
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, Widowed or Divorced (Write the word): Married
5a. If Married, Widowed, or Divorced Husband of (or) Wife of: Wm. Dale
6. DATE OF BIRTH (month, day, and year): 10-13-1868
7. AGE (years): 72 Months: 4 Days: 6 — If LESS than 1 day, hrs. or min.

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

STATISTICAL USE ONLY

12. BIRTHPLACE (city or town) (State or country): St. Louis - Mo.

FATHER
13. NAME: James Wobriel
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Mary - (Unk.)
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. The Signature of INFORMANT and (Address): Mrs. Alma Gross 2205 Ferndale Ave.
18. BURIAL, CREMATION, OR REMOVAL Place: Brooklyn Hts. Cem. Date: 2-21- 1941.
19. FUNERAL FIRM: Dutkaylei Funeral Home
19a. BURIED BY: Dutkaylei Lic. No. 631.
Address: 4464 Pearl Rd.
19b. EMBALMER: Dutkaylei Lic. No. 3769-A.
20. FILED FEB 21 1941 19 — L B Hartley Registrar. DEPUTY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2-18- 1941.

22. I HERBY CERTIFY, That I attended deceased from Jan 1935, 19 , to Feb. 18, 1941
I last saw her alive on Feb. 16 1941, death is said to have occurred on the date stated above at 8.00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: (Date of onset)
Chronic Myocarditis.
Auricular Fibrillation.

CONTRIBUTORY CAUSES of importance not related to principal cause:
Obesity.
Possible Malig. of Uterus.

Name of operation: None Date of
What test confirmed diagnosis? Clin. 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?
If so, specify

(Signed) C L Russell M.D.
Date 2/20 1941 Address 4275 Pearl Rd.

V. S. 11a—30M—9-39—Bks. of 100