

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 36

Dist. No. 3301
Reg. Dist. No. 3301

CERTIFICATE OF DEATH

PLACE OF
VETERANS

1. PLACE OF DEATH
a. CITY, VILLAGE, OR LOCATION
Hardin
b. COUNTY
Hardin
c. LENGTH OF STAY IN 1b
Kenton
d. STREET ADDRESS
San Antonio Hospital
e. IS RESIDENCE INSIDE CITY LIMITS?
 YES NO

2. USUAL RESIDENCE (Where deceased lived, if institution; hence before admission)
a. STATE Ohio
b. COUNTY Hardin
c. CITY, VILLAGE, OR LOCATION
Forest
d. STREET ADDRESS
Forest
e. IS RESIDENCE INSIDE CITY LIMITS?
 YES NO
f. IS RESIDENCE ON
 YES NO

FURNISH THE FOLLOWING
CERTIFICATE OF DEATH

NAME OF HOSPITAL

burial

MALE

Steel
Molder

JOSEPH B

3. NAME OF DECEASED (Print)
First LLOYD Middle D. Last LANDON
4. DATE OF DEATH
Month February Day 4 Year _____

6. COLOR OR RACE White
7. MARRIED NEVER MARRIED
WIDOWED DIVORCED
8. DATE OF BIRTH 2/28/1898
9. AGE (In years last birthday) 61
If Under 1 Year: Months _____ Days _____ Hours _____
If Under 2 Years: Months _____ Days _____ Hours _____

10. KIND OF BUSINESS OR INDUSTRY Steel Mill
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. NAME OF MOTHER'S MAIDEN NAME
Margaret Spicer

14. INFORMANT'S SIGNATURE
Mrs. Eva Landon, Address Forest, O

15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure (Anoxia) and acidosis
DUE TO (b) Acute Pneumonitis and severe pulmonary emphysema
DUE TO (c) _____

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
INTERVAL BETWEEN ONSET AND DEATH 72 Hrs.

19. WAS AUTOPSY PERFORMED?
 YES NO

20a. MANNER OF DEATH: SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF DEATH: Hour _____ Month _____ Day _____ Year _____

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20e. CITY, VILLAGE, OR LOCATION Forest, Ohio. COUNTY _____

20f. DATE OF DEATH: Occurred at 2:30 P. on the date stated in 4; and to the best of my knowledge, from the cause stated.

21. SIGNATURE (Degree or title) Zaring M.D. 22b. ADDRESS Forest, Ohio. 22c. DATE 2/11

Veteran's Discharge Papers

23a. DATE 2/7/60 23b. NAME OF CEMETERY OR CREMATORY Patterson Cemetery 23c. LOCATION (City, town, or county) Patterson, Ohio.

BURIAL

24. EMBALMER Shields 4388 A (LIC. NO.) 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Shields (LIC. NO.) 3016

26. FUNERAL HOME AND ADDRESS Shields Funeral Home 301 S. Patterson St., Forest, Ohio.

27. BY 2/15/60 28. REGISTRAR'S SIGNATURE Mar. J. Forderbach 29. SUB-REGISTRAR'S SIGNATURE _____