

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

55170

1 PLACE OF DEATH  
County Jackson Registration District No. H 95-9 File No. 2  
Township Franklin Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of \_\_\_\_\_  
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 David Edgar Ervin Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Sept. 23, 1935</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edith M Lucas</u>			22. <u>9-4</u> I HEREBY CERTIFY, That I attended deceased from <u>9-4</u> , 19 <u>34</u> to <u>9-23</u> , 19 <u>35</u>		I last saw him alive on <u>9-23</u> , 19 <u>35</u> , death is said to have occurred on the date stated above at _____ m.
6. DATE OF BIRTH (month, day, and year) <u>Oct. 11-1865</u>			The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:		Date of onset
7. AGE Years <u>69</u> Months <u>11</u> Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.		<u>Cerebral Hemorrhage</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			<u>Left Hemiplegia- 9-4-34</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>WW</u>			822		
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>					
13. NAME <u>Robert Ervin</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>					
15. MAIDEN NAME <u>Rachel Thompson</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
17. INFORMANT The Signature of <u>Frank Ervin</u> and (Address) <u>Jackson, O</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cremation Co</u> Date <u>Sept. 25 1935</u>					
19. FUNERAL DIRECTOR <u>C. E. Mayhew</u> Lic. No. <u>1210</u> (Address) <u>Jackson, O</u>					
19a. Was body embalmed <u>yes</u> Embalmer's Lic. No. <u>34402</u>					
20. FILED <u>Sept 25 1935</u> <u>Guy Schilling</u>					
Name of operation <u>None</u> Date of _____			What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? <u>none</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>none</u>					
Manner of injury <u>none</u>					
Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>C. C. Fitzpatrick M. D.</u> (Signed) <u>Jackson, Ohio</u> Date <u>9-23 1935</u> Address _____					

SEE INSTRUCTIONS ON BACK OF CERTIFICATE