

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

1 PLACE OF DEATH  
County Meigs Registration District No. 5-277 File No. 5-  
Township Bedford 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 George W 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widower</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Nancy C Ervin</u>		
6. DATE OF BIRTH (month, day, and year) <u>June 11<sup>th</sup> 1854</u>		
7. AGE Years <u>84</u> Months <u>3</u> Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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>Ohio</u>		
13. NAME <u>Owen Ervin</u>		
14. BIRTHPLACE (city or town) _____ (State or country) <u>Unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (city or town) _____ (State or country) <u>unknown</u>		
The Signature of _____ 17. INFORMANT <u>Oscar Ervin</u> and (Address) <u>7 Fernlock Street</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cherry Ridge</u> Date <u>Sept 15-1938</u>		
19. UNDERTAKER <u>Funeral Home of G. W. Young</u> (Address) <u>W. W. Young 248 1/2</u>		
19a. Was body embalmed? <u>Yes</u> Embalmer's No. <u>64613</u>		
20. FILED <u>Oct 4<sup>th</sup> 1938</u> <u>Clara Paulsen</u> <u>Deputy Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Cardiac Failure

CONTRIBUTORY CAUSES of importance not related to principal cause:

Valvular Heart Disease

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 W. H. Ewing Coroner  
(Signed) \_\_\_\_\_ M. D.  
Date Sept 17, 1938 Address Pomroy Ohio

V. S. 11-A-60M-3-33-B-100

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.