

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. 5300
Primary Reg. Dist. No. 5300State File No. _____
Registrar's No. 2451. PLACE OF DEATH
a. COUNTYMeigs2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Ohio
b. COUNTY Meigsb. CITY (If outside corporate limits, write RURAL OR and give township)
VILLAGE Hemlock Grove O.c. CITY (If outside corporate limits, write RURAL and give township)
OR
VILLAGE Hemlock Grove

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET (If rural, give location)
ADDRESS O.3. NAME OF DECEASED
(TYPE OR PRINT)

a. (First)

Osceola

b. (Middle)

W.

c. (Last)

Erwin4. DATE OF DEATH (Month) (Day) (Year)
May 14, 1954

5. SEX

M.

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 8, 18899. AGE (In years last birthday) Under 1 Year If Under 24 Hrs.
Month Days Hours Min.
64 5 3610a. USUAL OCCUPATION
(Give kind of work done during most of working life even if retired)farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Meigs Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Erwin

14. MOTHER'S MAIDEN NAME

Nancy Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE

Levina Erwin wife

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)

21c. (CITY, VILLAGE, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Meigs Co. Ohio to Meigs Co. Ohio, 1954, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE

W. N. Ewing, Coroner, Meigs Co.

(Degree or title)

23b. ADDRESS

Pomeroy, Ohio

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5/14/54

24c. NAME OF CEMETERY OR CREMATORY

Cherry Ridge Cem.

24d. LOCATION (City, town, or county) (State)

Hemlock Grove, O.

Sub-Registrar's Signature

NAME OF EMBALMER

(LIC. NO.)

DATE REC'D BY LOCAL

5-24-54

REGISTRAR'S SIGNATURE

Levina E. Strauss

25. FUNERAL DIRECTOR'S SIGNATURE

W. N. Ewing

(LIC. NO.)

629MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11