

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

1 PLACE OF DEATH

County Lucas Registration District No. 1257 File No. 69539
Township Goshen Primary Registration District No. 5935 Registered No. 181
or Village No. R. F. D. New Phila. (Goshen) 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 Andrew Thompson Did Deceased Serve in U. S. Navy or Army _____

(a) Residence No. R. F. D. New Phila. (Goshen) Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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~~) Louisa Thompson

6. DATE OF BIRTH (month, day, and year) April 29, 1855

7. AGE Years 79 Months 7 Days no. If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WW

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New Philadelphia (State or country) Ohio

13. NAME Jerry Thompson

14. BIRTHPLACE (city or town) not known (State or country) Penna

15. MAIDEN NAME Louisa Vitcomb

16. BIRTHPLACE (city or town) not known (State or country) not known

The Signature of Informant and (Address) Roy Thompson
Goshen, O.

18. BURIAL, CREMATION, OR REMOVAL Place Eastlue Cem. Date Dec. 1, 1934

19. UNDERTAKER Brookhurst Funeral Home (Address) New Philadelphia

19a. Was body embalmed yes Embalmer's No. 3727A

20. FILED 12-4 19 34 E. B. Shanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at 7:45 a.m.

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

Probably Heart Attack
200A

CONTRIBUTORY CAUSES of importance not related to principal cause:

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 _____
(Signed) A. J. Schuler
Date 11/30 1934 Address New Phila. Ohio

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.