

OHIO DEPARTMENT OF HEALTH

Reg. Dist. No. 008

COLUMBUS

State File No. 36099

Primary Reg. Dist. No. 118

CERTIFICATE OF DEATH

Registrar's No. 4709

1. PLACE OF DEATH:

(a) County Cuyahoga
 (b) Cleveland
(City, Village, Township)
 (c) Name of hospital or institution:
654 Bolivar Rd. I & K Hotel
(If not in hospital or institution, write street No. or location)
 (d) Length of stay: in hospital or institution _____
(Days)
 In this community _____
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga
 (c) City or village Cleveland
(If outside city or village, write RURAL)
 (d) Street No. 654 Bolivar Rd
2077
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME Richard Murray

(a) if veteran, name war No. (b) Social Security No. 923-10-9264

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Etta Marshall 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 13 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Catawug N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Messenger

11. Industry or business City Blue Print Co

12. Name John Murray

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Dezman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's signature J. R. Seesholtz
 (b) Address 209 Sweetland Bldg.

17. (a) Burial, cremation, or other; (b) Date May 29 1947
(Month) (Day) (Year)
 (c) Place White Haven
 (d) A. P. Seesholtz 4235A
(Name of Embalmer) (Lic. No.)

18. (a) R. Millard 1237
(Signature of Funeral Director) (Lic. No.)

(b) Address Cornelia St E 105th

19. MAY 28 1947 (b) Guilla S. Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month May day 27th year 1947 hour 2. minute 30 P.M.

21. I hereby certify that I attended the deceased from VIEWED AFTER DEATH, to _____, 19____; that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
 Immediate cause of death Probable Arterio-sclerotic heart disease with acute cardiac failure. 5/27/47
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operation _____

Major findings of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) How did injury occur? _____

23. Signature J. R. Seesholtz M.D. Coroner
(Specify if Doctor of Medicine or Osteopathy)
 Address 712 Lakeside Ave. Date signed 5/28/47

V.S. 11