

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security
No. None
File No. 53155
Registered No. 2221

1 PLACE OF DEATH
County Franklin Registration District No. 292
Township _____ Primary Registration District No. 8187
or Village _____ No. _____ St. _____ Ward _____
or City of Columbus, O. (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 Mrs. Loretta Roberts Did Deceased Serve in U. S. Navy or Army No
(a) Residence. No. 670 Kerr St St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced married

6. DATE OF BIRTH (month, day, and year) Dec 31 1898
7. AGE (years) Months Days 43 8 3 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homemaker
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) St Louis (State or country) Missouri
13. NAME James Hanney
14. BIRTHPLACE (city or town) Philadelphia (State or country) Pa
15. MAIDEN NAME Nora Louise
16. BIRTHPLACE (city or town) _____ (State or country) Missouri

17. INFORMANT Leonard H. Roberts and (Address) 670 KERR ST
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Sept. 7, 1942

19. FUNERAL FIRM Speedy Funeral Service
19a. BURIED BY John Green Lic. No. 1647
Address 2648 W. Broad St
19b. EMBALMER George Sharp Lic. No. 4247A

20. FILED 9-6 1942 J. Herbert Mumm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4, 1942

22. None 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 tl. date stated above at _____ m.

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

Angina pectoris
94B

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? History Was there an autopsy? Yes

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? No

If so, specify _____

(Signed) Edw. J. Smith
Date 9/4 1942 Address 469 Parsons Ave
Columbus Ohio

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.

