

9

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Hamilton Registration District No. 494 File No. 1405
 Township of _____ or Village of _____ Primary Registration District No. 8227 Registered No. _____
 City of Quincy (No. 1417 Quincy St., Ward _____) If death occurred in a hospital or institution, give the NAME instead of street and number.
 FULL NAME Isaac D. Walters

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(If male the word)
 DATE OF BIRTH March 23 1877
(Month) (Day) (Year)
 AGE 39 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. min.
 OCCUPATION Structural Ironworker
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).
 BIRTHPLACE Ohio
(State or country)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1917
(Month) (Day) (Year)
 I HEREBY CERTIFY, That I attended deceased from Jan 1916 to Feb 28 1917, that I last saw him alive on Feb 27 1917, and that death occurred, on the date stated above, at Quincy.
 The CAUSE OF DEATH* was as follows:

Phthisis is tubercular several years
Violent cough (Duration) 7 yrs. 7 mo. 7 ds.
 Contributory (Secondary) _____
 (Signed) Arthur J. ... M. D.
Feb 28 1917 (Address) 1417 Quincy St.

PARENTS
 10 NAME OF FATHER Isaac D. Walters
 11 BIRTHPLACE OF FATHER Ohio
 12 MAIDEN NAME OF MOTHER Waldman
 13 BIRTHPLACE OF MOTHER _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wm S. ...
 (Address) 1126 Walnut St.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
 15 LENGTH OF ASSIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted? Former or usual residence

16 MAILED 1917
 Filed _____ 191__ Registrar ...

17 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL 3/3/17
 ADDRESS _____
 18 UNDERTAKER ... ADDRESS 1500 Vine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION 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.