

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

1 PLACE OF DEATH

County Summit

Township

or Village

or City of Cuyahoga Falls

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds.

2 FULL NAME Melville McConnell

(a) Residence. No. 1904 Sixth

(Usual place of abode)

Registration District No. 1225

File No. 20385

Primary Registration District No. 8495

Registered No. 47

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

Did Deceased Serve in
U. S. Navy or Army

St. Ward.

(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 (write the word) Widow

6a. If married, widowed, or divorced
(or) WIFE of Thomas

6. DATE OF BIRTH (month, day, and year) July 26, 1858

7. AGE Years 74 Months 8 Days 2 If LESS than 1 day. hrs. or min.

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

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

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

12. BIRTHPLACE (city or town) Coshocton Co
(State or country) Ohio

13. NAME Israel Lanning

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Susanne McCoy

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT The Signature of Harold G. Gind
and (Address) 904 - 5th Cuyahoga Falls O.

18. BURIAL, CREMATION, OR REMOVAL
Place Denville, Ohio Date Mar. 30 19 35

19. UNDERTAKER McGowan
(Address) Cuyahoga Falls

19a. Was body embalmed Yes Embalmer's No. 3837 A.

20. FILED 3/29 19 35 St. Cuyahoga Falls
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935 to March 28, 1935
I last saw her alive on March 28, 1935, death is said to have occurred on the date stated above at 10:15 A.M.

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

Cerebral Hemorrhage
25/35

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation No. 6 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?

No
If so, specify

(Signed) St. Cuyahoga Falls M. D.

Date 3/25/35 Address ---

OCCUPATION is very important. See instructions on back of certificate.