

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

1 PLACE OF DEATH

County Summit Registration District No. 1224 File No. 875320
 Township _____ Primary Registration District No. 493 Registered No. 1395
 or Village _____ No. St. Thomas Hospital St. _____ Ward _____
 or City of Acron (If death occurred in a hospital or institution, give its NAME, STREET, CITY AND STATE)

Length of residence in city or town where death occurred _____ or _____ or _____ New long in U. S. of foreign born? _____ or _____ or _____

2 FULL NAME Lillian Cecelia Myers Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. 2733 Sixth Street St. 5 Ward Cuyahoga Falls, Ohio
 (Usual place of abode) (If occupants give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, Widowed or Divorced <u>Single</u>
6. If Married, Widowed, or Divorced Husband of _____ (or) Wife of _____		
7. DATE OF BIRTH (month, day, and year) <u>April 1, 1911</u>		
7. AGE (years) Months Days <u>27</u> <u>4</u> <u>7</u> If LESS than 1 day _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Brailer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rubber Factory</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1937</u>		
11. Total time (years) spent in this occupation. <u>5</u>		

12. BIRTHPLACE (city or town) <u>Louisville</u> (State or country) <u>Kentucky</u>
13. NAME <u>Charles E. Myers</u>
14. BIRTH CE (city or town) <u>Chillicothe</u> (Date, month, year) <u>Illinois</u>
15. MAIDEN NAME <u>Anabelle Higgs</u>
16. BIRTHPLACE (city or town) <u>Chillicothe</u> (State or country) <u>Kentucky</u>
17. INFIRMANT <u>Chas. E. Myers</u> and (Address) <u>2733 Sixth Street, Cuy. Falls, O.</u>
18. BURIAL, CREMATION OR ENCOFAN Place <u>Oakwood</u> Date <u>August 11 1938</u>
19. FUNERAL HOME <u>H. L. Haller Inc.</u>
19a. BURIED BY <u>H. L. Haller</u> Lic. No. <u>1843</u> Address <u>1920 Front Street, Cuyahoga Falls, O.</u>
20. EMBALMER <u>G. B. Allman</u> Lic. No. <u>4566A</u>
21. FILED <u>7/10</u> 193 <u>8</u> Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938 to _____ 1938

I last saw _____ alive on _____ 1938. Death is said to have occurred on the date stated above at 10:20 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of their occurrence are as follows: Septicemia following gunshot wound of abdomen.

CONTRIBUTORY CAUSES of importance not related (Principal cause): GANGRENE RIGHT LEG.

Name of operating physician: Reverend Dr. H. B. 2735

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Describe violence, accident, or other cause. Date of injury Aug 2 or 3 38.
 Where did injury occur? Cuyahoga Falls, Ohio
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury shot, herself

Nature of injury gunshot wound

24. WERE disease or injury in any way related to occupation of deceased?
 If so, specify No
R. B. Guss
 (Signed) Acron, Ohio M. D.
 Address Carver