

Exact statement should state cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

STATE OF OHIO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

2

1 PLACE OF DEATH
 County Scioto Registration District No. 1162 File No. 6230516
 Township Rarden Primary Registration District No. 5779 Registered No. 11
 or Village _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give NAME instead of street and number)
 or City of _____
 2 FULL NAME Lelyde Hershel Smith
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Mal</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____ <u>X</u>				
6 DATE OF BIRTH (month, day, and year) <u>Oct 13, 1891</u>				
7 AGE	Years <u>40</u>	Months <u>6</u>	Days <u>30</u>	IF LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.				
9 BIRTHPLACE (city or town) _____ (State or country) <u>Ohio</u>				
10 NAME OF FATHER <u>Dorothy Smith</u>				
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Ohio</u>				
12 MAIDEN NAME OF MOTHER <u>Marinda Jones</u>				
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Ohio</u>				
14 Informant <u>Alva Smith</u> (Address) <u>Rarden</u>				
15 Filed <u>May 17, 1922</u> <u>D. A. [unclear]</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day and year) <u>May 12 1922</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>May 7</u> , 19 <u>22</u> to <u>May 12</u> , 19 <u>22</u> , that I last saw him alive on <u>May 8</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>1 P</u> m.	
The CAUSE OF DEATH* was as follows: <u>Valvular heart disease.</u>	
(duration) _____ yrs. _____ mos. _____ ds.	
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.	
18 Where was disease contracted _____ if not at place of death? _____	
Did an operation precede death? <u>no</u> . Date of _____	
Was there an autopsy? <u>no</u>	
What test confirmed diagnosis? _____ (Signed) <u>F. H. Wachtendorf</u> M. D. <u>May 13, 1922</u> (Address) <u>Rarden Ohio</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Mustard</u>	DATE OF BURIAL <u>May 14, 1922</u>
20 UNDERTAKER, License No. <u>A. P. [unclear]</u>	ADDRESS <u>[unclear]</u>