

OHIO DEPARTMENT OF HEALTH

76387

Reg. Dist. No. 1162  
 Primary Reg. Dist. No. 5779

COLUMBUS  
 CERTIFICATE OF DEATH  
 Department of Commerce - Bureau of the Census

State File No. \_\_\_\_\_  
 Registrar's No. 1

1. PLACE OF DEATH:  
 (a) County Scioto  
 (b) Rarden Twp  
(City, Village, Township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street No. or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Days)  
 In this community \_\_\_\_\_  
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ohio (b) County Scioto  
 (c) City or village Rural  
(If outside city or village, write RURAL)  
 (d) Street No. Rarden - Star Route  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. FULL NAME Geraldine Wilson  
(a) If veteran, name war \_\_\_\_\_ (b) Social Security No. \_\_\_\_\_  
 4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 7 1933  
(Month) (Day) (Year)  
 8. AGE: Years 12 Months 7 Days 13 If less than one day hr. min.  
 9. Birthplace Ross Co., Ohio  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home  
 11. Industry or business Farm  
 12. Name Jesse Smith (step-father)  
 13. Birthplace Adams Co., Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Roseella Jenkins  
 15. Birthplace Covington Kentucky  
(City, town, or county) (State or foreign country)  
 16. (a) Informant's signature Jesse Smith  
 (b) Address Rarden, Ohio  
 17. (a) Burial, cremation, or other: Mustard Cem. (b) Date Dec 24 1945  
(Month) (Day) (Year)  
 (c) Place C. B. Tress 2240-A  
(Name of Establisher) (Lic. No.)  
 18. (a) C. B. Tress 1764  
(Signature of Funeral Director) (Lic. No.)  
 (b) Address Peebles Ohio  
 19. (a) 12-29-45 (b) Vesta Gardner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. Date of death: Month December day 20  
 year 1945 hour 11 P.M. minute \_\_\_\_\_  
 21. I hereby certify that I attended the deceased from Dec. 21, 1945 to Dec. 21, 1945, 1945;  
 that I last saw her alive on Dec. 21, 1945;  
 and that death occurred on the date and hour stated above. Duration  
 Immediate cause of death fractured skull 12-20-45  
 Due to auto <sup>truck</sup> accident 12-20-45  
 Due to AD  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings of operation none  
 Major findings of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence Dec. 20, 1945  
 (c) Where did injury occur? Rarden Twp, Scioto Co  
(City or Village) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Rarden Creek Road  
(Specify type of place)  
 While at work? no (e) How did injury occur? The truck in which she was riding skidded and overturned.  
 23. Signature Virgil E. Fowler, Coroner  
(Specify if Doctor of Medicine or Osteopathy)  
 Address Portsmouth, Ohio Date signed 12-21-45

MARGIN RESERVED FOR BINDING  
 THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFAADING INK.  
 V.S. 11