

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of Scioto
Township of Parsons Registration District No. 1162 File No. 41550
or
Village of _____ Primary Registration District No. 5779 Registered No. 11
or
City of _____ (No. _____) St. _____ Ward _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME George O' Bryant

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

6 DATE OF BIRTH May 30th, 1832
(Month) (Day) (Year)

7 AGE 82 yrs. 1 mos. 16 ds. If LESS than (day) hrs. or (min.)?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ohio

PARENTS

10 NAME OF FATHER Johann O' Bryant

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Nancy Pindle

13 BIRTHPLACE OF MOTHER (State or country) Ohio

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 16th, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased at intervals for 4 or 5 years from 1911, to July 8th, 1914, that I last saw him alive on July 8th, 1914, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows: Natural heart disease

(Duration) not known yrs. mos. ds.

Contributory Gastric & intestinal indigestion (SECONDARY) (Duration) not known yrs. mos. ds.

(Signed) C. G. Wadsten, M. D. July 17th, 1914 (Address) Parsons Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death: _____ yrs. mos. ds. In the State: _____ yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL July 18, 1914
UNDERTAKER J. M. Katis ADDRESS Parsons O

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. B. Bryant
(Address) Duke Shaw

15 Filed July 17, 1914 O. E. Clannin Registrar

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