

OFFICES  
DEPARTMENT OF PUBLIC WELFARE

DIVISION OF HEALTH  
DAYTON, OHIO

N<sup>o</sup> 23741 A

*N. H. Williams*, Local Registrar of Vital Statistics  
do hereby certify the following to be a true and correct copy of the RECORD OF DEATH of  
*Jessie Martin*  
on file in the office of the Division of Health, City of Dayton, Ohio.

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
RECORD OF DEATH

Reg. Dist. No. 5701 State File No. \_\_\_\_\_  
Primary Reg. Dist. No. 5701 Registrar's No. 2914

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Montgomery</u>   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Ohio</u><br>b. COUNTY <u>Montgomery</u>  |  |
| b. CITY (If outside corporate limits, write OR RURAL and give township) <u>Dayton</u>  | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Dayton</u>  | d. STREET (If rural, give location) ADDRESS <u>210 Cambridge Ave.</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <u>Good Samaritan</u>   |                                   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1956</u>  |  |
| 3. NAME OF DECEASED (TYPE OR PRINT)<br>a. (First) <u>Jessie</u><br>b. (Middle) _____<br>c. (Last) <u>Martin</u>  |                                   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1956</u>  |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>Wh.</u>       | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>  | 8. DATE OF BIRTH <u>9/18/1883</u>  |
| 9a. USUAL OCCUPATION <u>housewife</u>  |                                   | 10b. BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <u>73</u><br>Under 1 Year: Months _____ Days _____<br>If Under 24 Hrs.: Hours _____ Min. _____ |
| 11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u>   |                                   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |  |
| 13. FATHER'S NAME <u>Charles Ruff</u>  |                                   | 14. MOTHER'S MAIDEN NAME <u>Anna Nolan</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES <u>no</u>  |                                   | 16. SOCIAL SECURITY NO. <u>291-10-7603A</u>   |  |
| 17. INFORMANT'S SIGNATURE <u>Alex. A. Martin</u>   |                                   |   |  |
| CAUSE OF DEATH (Enter only one cause per line for (b), and (c))<br><small>This does not mean mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</small> |                                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Myelogenous Leukemia</u><br>ANTECEDENT CAUSES<br><small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small><br>DUE TO (b) _____<br>DUE TO (c) <u>Tuberculous Peritonitis,</u><br><u>Osteoporosis</u> |  |
| 18. DATE OF OPERATION  |                                   | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 19. ACCIDENT (Specify) _____   |                                   | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 21a. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)   |  |
| 21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)   |                                   | 21f. HOW DID INJURY OCCUR?  |  |
| 21e. INJURY OCCURRED While at <input type="checkbox"/> Work Not While at Work <input type="checkbox"/>   |                                   |   |  |
| 2. I hereby certify that I attended the deceased from <u>11/2</u> , 19 <u>56</u> , to <u>11/5</u> , 19 <u>56</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.               |                                   |   |  |
| SIGNATURE (Degree or title) <u>Verett W. Shank M.D. Chief Supervisor</u>   |                                   | 23b. ADDRESS <u>119 1/2</u>   |  |
| 23c. DATE SIGNED <u>11/9/56</u>  |                                   |   |  |
| 24. BIRTHAL, CREMATION, REMOVAL (Specify) <u>burial</u>  | 24b. DATE <u>11/9/56</u>          | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>   | 24d. LOCATION (City, town, or county) (State) <u>Dayton Ohio</u>   |
| 25. NAME OF EMBALMER (LIC. NO.) <u>W. H. Hartzell 4221A</u>  |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>A. M. Morris 1280</u>  |  |
| 26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) <u>Morris Sons Co. 1809 E. Third Dayton Ohio</u>  |                                   |   |  |
| 27. REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>N. H. Williams</u>   |                                   | SUB-REGISTRAR'S SIGNATURE _____   |  |

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my official seal to be affixed, at Dayton, Ohio, this 11th day of November, in the year of our Lord one thousand nine hundred and 56.

*N. H. Williams*  
Local Registrar.