

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

2315

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 1894

Township _____

Primary Registration District No. 8187

Registered No. 1894

or Village _____

No. Ohio Penitentiary

St. _____ Ward _____

or City of Columbus, Ohio

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2 FULL NAME Clinton Grate #50537

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

St. _____ Ward Montgomery County, O.

(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1900

7. AGE Years 32 Months 4 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not employed
10. Date deceased last worked at this occupation (month and year) 7/4/33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Niles
(State or country) Ohio

13. NAME Bundy Grate

14. BIRTHPLACE (city or town) (Unknown)
(State or country) Ohio

15. MAIDEN NAME Alice Peeler

16. BIRTHPLACE (city or town) (Unknown)
(State or country) Ohio

17. INFORMANT Hazel Benjamine
The Signature of _____
and (Address) Dayton, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton, Ohio Date January 17, 1933

19. UNDERTAKER The Shaw-Harris Co.
(Address) 3477 2nd. avl.

19a. Was body embalmed YES Embalmer's No. 2406A

20. FILED 1-17-33 justicgaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15, 33

22. I HEREBY CERTIFY, That I attended deceased from none, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____, death is said

to have occurred on the date stated above at 7-00a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Asphyxiation by strangulation

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? steth Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: suicide

~~suicide~~ suicide, or ~~homicide~~ homicide Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Edw. Lynch Coroner M. D.

Date 1/15/33 Address 906 Parsons av

OCCUPATION

MOTHER FATHER