

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce -- Bureau of the Census

Reg. Dist. No. 1342
 Primary Reg. Dist. No. 6062

State File No. 71151
 Registrar's No. _____

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) SALEM TOWNSHIP
(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 40 YRS.
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County WASHINGTON

(c) City or village RURAL
(If outside city or village, write RURAL)

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. NAME CLAUDE HALLETT
(a) If veteran, name war _____ (b) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 31 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 5 If less than one day hr. min.

MEDICAL CERTIFICATION

20. Date of death: Month NOV day 10
 year 1944 hour 11 minute AM.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw him/her last Nov 11, 1944 and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Angina Pectoris 2400

Due to _____

Due to 94B

Other conditions none
(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.

9. Birthplace LOWER SALEM OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name ASA HALLETT

13. Birthplace LOWER SALEM OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARY MORLAN

15. Birthplace CATLER OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant's signature C. W. H. Hallett
 (b) Address Lower Salem Ohio

17. (a) Burial, cremation, or other; (b) Date NOV. 9 1944
(Month) (Day) (Year)

(c) Place Lower Salem Ohio
Salem Twp. Cemetery

(d) H. H. Hallett 3348A
(Name of Embalmer) (Lic. No.)

18. (a) J. V. V. Smith 1106
(Signature of Funeral Director) (Lic. No.)

(b) Address WARNER OHIO

19. (a) Nov. 8 44 (b) John W. Moore
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) How did injury occur? _____

23. Signature R. A. Riggs, M.D.
(Specify if Doctor of Medicine or Osteopathy)
 Address Marengo, O Date signed 11-7-44

Mother
 Father