

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.

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Miami Registration District No. 878 File No. 36743
Township Troy District No. 8380 Registered No. 71
or Village No. _____ St. _____ Ward _____
or City of Troy (If death occurred in a hospital or institution, give its NAME instead of street and number)

RETURNED

2 FULL NAME Charles John Martin Essex Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, Divorced (write the word) Widowed
6a If married, widowed or divorced HUSBAND of (or) WIFE Melissa Essex
6 DATE OF BIRTH (month, day, and year) July 28 1863
7 AGE Years 63 Months 10 Days 12 If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Hobart Mfg Co

9 BIRTHPLACE (city or town) Lanham (State or country) Eng
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Unknown

14 Informant Sinden Essex (Address) Troy
15 Filed 6-11-27 Paul G. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 10 1927
17 I HEREBY CERTIFY, That I attended deceased from June 5 1927 to June 10 1927
that I last saw him alive on June 10 1927
and that death occurred, on the date stated above, at 2:30 p. m.
The CAUSE OF DEATH* was as follows:
Acute heart dilatation
arterio-sclerosis general
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY arterio-sclerosis with intermyocardial (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted arterial on highway If not at place of death? _____
Did an operation precede death? yes Date of June 5/27
Was there an autopsy? no
*What test confirmed diagnosis? clinical
(Signed) W. M. Cullough M. D.
June 11 1927 (Address) Troy Ohio
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Ind DATE OF BURIAL July 13 1927
20 UNDERTAKER, License No. 2040A ADDRESS W. E. Thurman Troy Ohio