

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

1 PLACE OF DEATH

County TUSCARAWAS Registration District No. 1266 File No. 35028  
Township Dennison Primary Registration District No. 3343 Registered No. 36  
or Village Dennison No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of \_\_\_\_\_

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 William Albert Paige Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. McCrea Ave. Dennison St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Paige

6. DATE OF BIRTH (month, day, and year) Jan. 12-1871

7. AGE Years 66 Months 4 Days 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. R.R. Mechanic

9. Industry or business in which work was done, as silk mill saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 12

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

13. NAME George Paige

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Christenia Warner

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

17. The Signature of Informant and (Address) George A. Paige  
Dennison

18. BURIAL, CREMATION, OR REMOVAL Place Unrichsville Date 6-1-37 19. \_\_\_\_\_

19. FUNERAL DIRECTOR W. L. Dool Lic. No. 348  
(Address) Bowerston

19a. Was body embalmed? Yes Embalmer's Lic. No. 1071B

20. FILED June 1, 1937 Mauda Jaffris (Signed) \_\_\_\_\_ M. D.  
deputy Date 5/31, 1937 Address 212 N. 4th St. Dennison

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to May 29, 1937

I last saw him alive on May 29, 1937, death is said to have occurred on the date stated above at 7:30 P.M.

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

arterial sclerosis 10 yrs.  
hypertension " "  
chronic interstitial nephritis 1 yr.

CONTRIBUTORY CAUSES of importance not related to principal cause:

chronic mitral stenosis 10 yrs.  
cardiac decompensation 1 1/2 "

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chronic Was there an autopsy? \_\_\_\_\_

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

Accident, suicide, or 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?

If so, specify \_\_\_\_\_