

John H. ...
DEATH OFFICER



RETURN CERTIFICATE

Lincoln, Ohio, *Sept 2* 1900

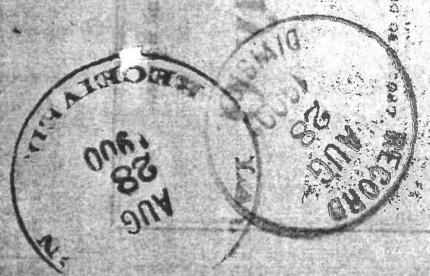
1. Name of Deceased: *John H. ...*
2. Length of time deceased was an inmate: *None*
3. Place of Death: *212 S. ...*
4. Date Recurrence: *None*

5. Cause of Death: *Old age*
6. Date of Death: *July 3, 1900*
7. Name of Physician: *Dr. ...*

8. Name of Coroner: *John H. ...*
9. Name of Burial: *St. ...*
10. Name of Place of Burial: *St. ...*
11. Name of County of Death: *Lincoln*
12. Name of Place of Birth: *St. ...*
13. Name of Occupation: *None*
14. Name of Date of Death: *July 3, 1900*
15. Name of Cause of Death: *Old age*
16. Name of Name of Physician: *Dr. ...*
17. Name of Name of Coroner: *John H. ...*
18. Name of Name of Burial: *St. ...*
19. Name of Name of Place of Burial: *St. ...*
20. Name of Name of County of Death: *Lincoln*
21. Name of Name of Place of Birth: *St. ...*
22. Name of Name of Occupation: *None*
23. Name of Name of Date of Death: *July 3, 1900*
24. Name of Name of Cause of Death: *Old age*
25. Name of Name of Physician: *Dr. ...*

26. Name of Name of County of Death: *Lincoln*
27. Name of Name of Place of Birth: *St. ...*
28. Name of Name of Occupation: *None*
29. Name of Name of Date of Death: *July 3, 1900*
30. Name of Name of Cause of Death: *Old age*
31. Name of Name of Physician: *Dr. ...*

32. Name of Name of County of Death: *Lincoln*
33. Name of Name of Place of Birth: *St. ...*
34. Name of Name of Occupation: *None*
35. Name of Name of Date of Death: *July 3, 1900*
36. Name of Name of Cause of Death: *Old age*
37. Name of Name of Physician: *Dr. ...*



Department of Health, Lincoln, Ohio

RETURN OF A DEATH

Lincoln, Ohio, *Sept 2* 1900

THIS BLANK IS REQUIRED TO BE FILLED OUT AND FURNISHED TO THE HEALTH OFFICER BEFORE A BURIAL PERMIT IS ISSUED.

No. . . . DEPARTMENT OF HEALTH, FINDLAY, O.

Return of a Death.

PHYSICIAN'S CERTIFICATE.

(TO BE FILLED OUT AND SIGNED BY THE PHYSICIAN.)

Name of Deceased *Henry Wright*
 Color *White* Sex *Male* Age *72 yrs 16 mo 3 ds*
 Place of Birth *Waynes Co. O.*
 Married, *Single*, ~~Widow or~~ ~~Widower~~
 Duration of Last Illness *10*
 Date of Death *July 5 1900*
 * Cause of Death: *Apnea*

* Do not use indefinite terms such as heart failure, debility, exhaustion, etc., as causes of death.

J. S. Wilson M. D.

Office _____

Undertaker's Certificate in Relation to Deceased.

(Undertakers are especially requested to have blanks filled out in full and SIGNED.)

Occupation *Farmer*
 Residence, No. *678 W. Lincoln* Street, *23* Ward
~~Transient or~~ Private Residence _____
 Time of Residence in Findlay *42 Years*
 Place of Previous Residence *Ind. Pa. Ill.*
 Name of Father *Wm*
 Name of Mother *Wm*
 Nativity of { Father *Wm*
 Mother *Wm*
 Place of Intended Interment *Wells Bros. Findlay O.*
 Date of Intended Interment *July 7 1900*
 Date of Certificate *July 7 1900* Office *Undertaker.*

RETURN CERTIFICATE.

Findlay, Ohio, Sept 24 1900

The within is a correct copy of the death return of *Henry Wright*
 now on file in this office.
 Attest: *Anna Peasdaley* Health Officer.

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit is issued.

Department of Health, Findlay, O.

RETURN OF A DEATH.

County of Hancock,
City of Findlay.

STATE OF OHIO

NO. OF RECORD: 022
NO. OF BURIAL PERMIT: _____

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. Name, in full, Henry Zightfoot

2. Color: White
 WHITE. MALE.
 BLACK (Negro or mixed). FEMALE.
~~INDIAN~~
 CHINESE
 JAPANESE

3. Sex: Male

4. Conjugal Condition: Single
 MARRIED.
 WIDOWED.
 DIVORCED.

5. Date of Death: Year, 1900 }
 Month, July }
 Day, 5 }
 6. Of Birth: Year, 1826 }
 Month, 7 }
 Day, 2 }
 7. Age: Years, 73
 Months, 10
 Days, 3

8. Occupation, Barber

9. Place of Birth, Wayne Co Ohio

10. Birthplace of Father, Man

11. Birthplace of Mother, Man

12. Disease or Cause of Death: Artemia

CHIEF CAUSE _____
 CONTRIBUTING CAUSE _____

DURATION: _____

STATE OR COUNTRY: _____

NOTE--For questions 2, 3, and 4, strike out words not applicable.

Return Occupation for all persons 10 years of age and over.

PLACE WHERE DISEASE WAS CONTRACTED, if other than place of death, _____

13. Place of Death, No. 618 W. Zineola STREET, 3 WARD.

If death occurred in an institution, give name of same, _____, and previous residence, Ind

14. Late Residence, _____

LENGTH OF RESIDENCE (in city or town), 42 yrs

UNDERTAKER, J. R. Clark

PLACE OF INTERMENT, Maple Grove

SIGNATURE, J. S. Wilson M.D.
Of Physician or Informant

DATE OF CERTIFICATE, July 7 1900



RETURN CERTIFICATE.

Findlay, Ohio, Aug 3 1900

I hereby certify that the within is a correct copy of the death return of Henry Zightfoot now on file in this office.

Attest: Anna Peasley Health Officer.

160:10.500