APR 7 1981

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OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 689
Primary Reg. Dist. No. 8298

State File No. Vol. 81
Registrar's No. 186

1. PLACE OF DEATH:

(a) County: Lake

(b) Painesville (City, Village, Township)

(c) Name of hospital or institution: 162 E. Walnut St. (If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____ (Days)

In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ohio (b) County: Lake

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

(d) Street No. 162 E. Walnut St. (If rural, give location)

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

3. FULL NAME: Dixie L. Byrd

(a) If veteran, name war

(b) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April (Month) 24, (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	8	hr. min.

9. Birthplace: W. Va. (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: At Home

Mother Father

12. Name: Unknown

13. Birthplace: " (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: " (City, town, or county) (State or foreign country)

16. (a) Informant's signature: Anna E. Myers

(b) Address: 162 E. Walnut St., Painesville

17. (a) Burial, cremation, or other; (b) Date: Oct. 4, 1944 (Month) (Day) (Year)

(c) Place: Salem Cem., Pike Co., Ohio

(d) Lamar Hammerstein (Name of Embalmer) 3479A (Lic. No.)

18. (a) George O. Davis (Signature of Funeral Director) 531 (Lic. No.)

(b) Address: Beaver, Ohio

19. (a) 10/2/44 (Date received local registrar) (b) Clara C. Wilder R.N. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct. day 2, year 1944 hour 2 minute 30 AM

21. I hereby certify that I attended the deceased from July 21, 1944 to Oct. 2, 1944; that I last saw her alive on Oct. 1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute uremia	4 days
Due to: Nephrolithiasis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	
Major findings of operation:	
Major findings of autopsy:	

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(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: L. W. Judd, M.D. (Specify if Doctor of Medicine or Osteopathy)

Address: Painesville, O. Date signed: 10/2/44