

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

18439

1 PLACE OF DEATH  
County Montgomery Registration District No. 2954 File No. 18439  
Township Jefferson Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of NATIONAL MILITARY HOME OHIO (If deceased died in a hospital or institution, give its name instead of street and number)

2 FULL NAME Charley E. Myers Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army Army  
(a) Residence No. NATIONAL MILITARY HOME OHIO 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 or Divorced (write the word) Married

6a If married, widowed or divorced (husband of (or) WIFE of) \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) \_\_\_\_\_

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

35 yrs. of age

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

14 Informant Clorothy Russell  
(Address) NATIONAL MILITARY HOME OHIO

15 Filed 3-21-28  
30  
NATIONAL MILITARY HOME OHIO

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day and year) March 19 1928

17 I HEREBY CERTIFY, That I attended deceased from February 29 1928 to March 19th 1928  
that I last saw h. m. alive on March 19th 1928  
and that death occurred, on the date stated above, at 1:35 P. M.  
The CAUSE OF DEATH\* was as follows:  
Acute Cardiac Decompensation; cirrhosis of liver with Ascitis;

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted \_\_\_\_\_ If not at place of death? \_\_\_\_\_  
Did an operation precede death? NO Date of \_\_\_\_\_  
Was there an autopsy? NO  
What test confirms diagnosis? Physical Examination  
(Signed) [Signature] M. D.  
March 21, 1928 NATIONAL MILITARY HOME 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 Salt Lick, Ky. DATE OF BURIAL 3/21/28

20 UNDERTAKER Howard Lill, Dayton, Ohio ADDRESS \_\_\_\_\_  
20a. EMERALD Howard Lill LICENSE No. 3020-A

1223

Exact statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. of OCCUPATION is very important.