

N. B.—WRITERS PENCIL ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.—PHYSICIANS 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.

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

1 PLACE OF DEATH **BUTLER**
 County _____ Registration District No. **131** File No. **21918**
 Township _____ Primary Registration District No. **3053** Registered No. **130**
 or Village **MIDDLETOWN** No. _____ St. _____ Ward _____
 or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. New long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2 FULL NAME **John Snelling** Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence No. **1506 Lawn Ave. Dr.** Ward _____ (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) Divorced
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) Apr 18th 1889		
7. AGE Years 42 Months 0 Days 0	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WWW		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Owensville Ky. (State or country)		
13. NAME Sam Snelling		
14. BIRTHPLACE (city or town) Owensville Ky. (State or country)		
15. MAIDEN NAME Mary Lowe		
16. BIRTHPLACE (city or town) Owensville Ky. (State or country)		
17. The Signature of Informant and (Address) Clayton Snelling Middletown Ohio		
18. BURIAL, CREMATION OR REMOVAL Place Salt Lick Ky. Apr 16th 1931		
19. UNDERTAKER J. D. Orjes (Address) _____		
19a. Was body embalmed? Yes Embalmers No. 738A		
20. FILED 4/14 1931 Registrar J. H. Warner		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Apr 13th 1931**
 22. I HEREBY CERTIFY, That I attended deceased from **April 10th 1931** to **April 13th 1931**
 I last saw him alive on **April 13, 1931**, death is said to have occurred on the date stated above at **8:20 P. M.**
 The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Acute Lobar Pneumonia 4/10/31
 Date of onset _____

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation **none** Date of _____
 What test confirmed diagnosis? **Chemical analysis of sputum** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury **4-10-31**
 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?
no
 If so, specify **H. H. Warner**
 (Signed) _____ M. D.
 Date **4/14 1931** Address **Middletown Ohio**