

STATE OF OHIO  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Butler Registration District No. \_\_\_\_\_ File No. 57920  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 321  
or Village \_\_\_\_\_ No. Middletown St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Middletown (If death occurred in a hospital or institution, give its name instead of street and number)  
Length of residence in city or town when death occurred \_\_\_\_\_ (If 4 yrs. New long in \_\_\_\_\_, if of foreign birth. \_\_\_\_\_ yrs. not \_\_\_\_\_ yrs.)  
2 FULL NAME Lidney Snelling Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. Middletown St. \_\_\_\_\_ Ward Madison Co. Butler (If nonresident give day or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR White 5. SINGLE, MARRIED, Write the word  
Widowed Married  
Divorced \_\_\_\_\_  
6. If Married, Widowed, or Divorced Husband of \_\_\_\_\_ or Wife of Mrs. Fern Snelling  
7. DATE OF BIRTH (month, day, and year) March 2, 1901  
8. AGE (years) Months Days If LIVED than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 7  
9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Painter  
10. Industry or business in which work was done, as mill, bank, etc. Painting  
11. Date deceased last worked at this occupation (month and year) July 29 12. Total time (years) spent in this occupation \_\_\_\_\_  
13. BIRTHPLACE (city or town) Saltsburg (State or country) Pennsylvania  
14. NAME Sam Snelling  
15. BIRTHPLACE (city or town) Saltsburg (State or country) Pennsylvania  
16. MAIDEN NAME Marjorie  
17. BIRTHPLACE (city or town) Indiana (State or country) \_\_\_\_\_  
18. SIGNATURE of Informant Charles H. Snelling  
19. ADDRESS Charleston, Middletown  
20. BURIAL, CREMATION, OR REMOVAL Place Saltsburg Date Oct. 10, 1929  
21. FUNERAL FIRM Funeral Home  
22. BURIED BY Funeral Home No. 1566  
23. ADDRESS Funeral Home  
24. EMBALMER W. J. Schuman No. 1566  
25. FILED 10/11/29 1929 Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/8 1929  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1929 to Oct. 8 1929  
I last saw him alive on Oct. 8 1929. Death is said to have occurred on the date stated above at U.P.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Cyanosis Liver 1934  
1248  
CONTRIBUTORY CAUSES of importance not related to principal cause:  
Arteriosclerosis  
General Fatigue

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? No 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 \_\_\_\_\_  
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 \_\_\_\_\_  
(Signed) [Signature] M. D.  
Date 10/11/29 1929 Address \_\_\_\_\_  
THE CAL. P. O. 378. OH. H. 2470