

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

1 PLACE OF DEATH
 County Clark Registration District No. 175 File No. 223127
 Township Springfield Primary Registration District No. 4278 Registered No. 409
 or Village _____ 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. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.
2 FULL NAME Henry Ward Beecher Barnes Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. The Ohio Masonic Home St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Dec. 20 1869
7. AGE Years 66 Months 4 Days 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IV VA
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (city or town) (State or country) Holmes Co Ohio
13. NAME _____
14. BIRTHPLACE (city or town) (State or country) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) (State or country) _____
17. INFORMANT (Address) The Ohio Masonic Home Springfield Ohio
18. BURIAL, CREMATION, OR REMOVAL (Address) (Date) 4-24-36
19. FUNERAL DIRECTOR (Address) Jack Wolfson Lic. No. 884
19a. Was body embalmed yes Embalmer's License No. 411
20. FILED 4-28-36 Om. Craver Registrar

21. DATE OF DEATH (month, day, and year) Apr. 21 1936
22. I HEREBY CERTIFY, That I attended deceased from 3/1 1936 to 4/21 1936
 I last saw him/her on 4/18 1936 Death is said to have occurred on the date stated above at 10 m.
The PRINCIPAL CAUSE OF DEATH and related causes, of importance in order of onset were as follows:
chronic myocardial infarction
arteriosclerosis
hypertension
CONTRIBUTORY CAUSES of importance not related to principal cause: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____ 19____
 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) W. D. Miller M. D.
 Date 4/23 1936 Address Sp. Blue