

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Harrison Registration District No. 555 File No. 22  
Township Monroe Primary Registration District No. 4816 Registered No. 32641  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of \_\_\_\_\_  
2 FULL NAME Charles A. Paige Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (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) Single  
5a If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH (month, day, and year) Nov. 18 - 1873  
7 AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
51 5 14  
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) Ohio

10 NAME OF FATHER Isaac Paige  
11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country) America  
12 MAIDEN NAME OF MOTHER Mary A. Hadley  
13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) Ohio

14 Informant Robt Wilson  
(Address) Beverton, P.H.

15 Filed May 5, 1926 E. B. Chipkaizer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 2 1926

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows: apoplexy.

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

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Walter C Toland \_\_\_\_\_

May 4, 1926 (Address) Harrison

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 Tumult Hill DATE OF BURIAL 5-6 1926

20 UNDERTAKER, License No. 1071 B ADDRESS \_\_\_\_\_

W. H. Boor Beverton