

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

1 PLACE OF DEATH

County..... Registration District No..... File No. 2958
Township..... Primary Registration District No. 8390 Registered No.....
or Village..... No..... St..... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of DAYTON (10-1)

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

Did Deceased Serve in U. S. Navy or Army no

(a) Residence. No. 510 Jackson St. 9 Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Chinese 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1884

7. AGE Years 52 Months 10 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco, Cal. (State or country)

13. NAME Yee Chong

14. BIRTHPLACE (city or town) China (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) China (State or country)

The Signature of Mrs. Yee Jackson and (Address) 510 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Bury 12-7-1936

19. FUNERAL DIRECTOR Frank E. Riesinger 2245 (Address) Dayton, Ohio

19a. Was body embalmed? yes Embalmer's Lic. No. 1434 A

20. FILED 12/7/36 Registrar

21. DATE OF DEATH (month, day, and year) 12-4-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1936 to Dec. 3 1936

I last saw him alive on Dec. 3 1936 death is said

to have occurred on the date stated above at 3:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Acute Phthisis

CONTRIBUTORY CAUSES of importance not related to principal cause:

Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) A. A. Smith M. D.

Date 12/6/36 Address Dayton, Ohio