

# OHIO DEPARTMENT OF HEALTH

11492

Reg. Dist. No. 904  
 Primary Reg. Dist. No. 8390

COLUMBUS

## CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

State File No. \_\_\_\_\_  
 Registrar's No. 342

**1. PLACE OF DEATH:**

(a) County Montgomery  
 (b) Dayton  
(City, Village, Township)  
 (c) Name of hospital or institution:  
Good Samaritan Hospital  
(If not in hospital or institution, write street No. or location)  
 (d) Length of stay: in hospital or institution 60 days  
(Days)  
 In this community 21 years  
(Years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ohio (b) County Montgomery  
 (c) City or village Dayton  
(If outside city or village, write RURAL)  
 (d) Street No. 353 Pointview Avenue  
0402  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. FULL NAME** A. G. Bosworth

(a) if veteran, name war \*\*\*\*\* (b) Social Security No. 275-05-1127

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Bosworth 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Nov. 22 1900  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Limestone New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business N.C.R.

12. Name Archie S. Bosworth

13. Birthplace Limestone New York  
(City, town, or county) (State or foreign country)

14. Maiden name Grace McKelleb

15. Birthplace Limestone New York  
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Margaret Bosworth

(b) Address 353 Pointview Avenue

17. (a) Burial, cremation, or other; (b) Date Feb. 7, 1947  
(Month) (Day) (Year)

(c) Place Memorial Park Cemetery

(d) Robert Bowman 4434-A  
(Name of Embalmer) (Lic. No.)

18. (a) P. J. West Funeral Home 1904  
(Signature of Funeral Director) (Lic. No.)

(b) Address 635 Salem Avenue

19. (a) 2-6-1947 [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. Date of death: Month February day 4  
 year 1947 hour 5 minute 35 AM  
19 Sept.

21. I hereby certify that I attended the deceased from Im 1946, to 4 Feb. 1947;  
 that I last saw him alive on 3 Feb. 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 36 hr

Due to Carcinoma, splenic flexure of colon with abscess and perforation.

Due to Metastases to liver and mesenteric lymph glands. 3 mo.

Other conditions Inflammatory mass of colon, perforated and generalized peritonitis.

Major findings of operation Carcinoma colon, metastases to liver and mesenteric lymph glands.

Major findings of autopsy Inflammatory mass of colon, perforated and generalized peritonitis.

Major findings of autopsy Carcinoma colon, metastases to liver and mesenteric lymph glands.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) How did injury occur? \_\_\_\_\_

23. Signature [Signature]  
(Specify if Doctor of Medicine or Osteopathy)

Address 1038 N. Main Date signed 4 Feb., 47

Mother

Father