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

55336

1 PLACE OF DEATH
County _Butler_ ..... Registration District No. _4214_ ..... File No. ....
Township _Union_ ..... Primary Registration District No. .... Registered No. _23_
or Village ..... No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number) St., ... Ward
or City of ....

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.

Did Deceased Serve in
U. S. Navy or Army ....

2 FULL NAME _Lydia Stout_

(a) Residence. No. _Union tn. Butler Co._ St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX F	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word) _Widowed_	21. DATE OF DEATH (month, day, and year) _Sept 11_, 19_36_

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

6. DATE OF BIRTH (month, day, and year) _Nov. 15 - 1850_

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	86	10	3	

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

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)
(State or country) _Kentucky_

13. NAME _Wm Rees_

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

15. MAIDEN NAME _Anne Culbertson_

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

17. INFORMANT The Signature of
and (Address) _Sharonville O RR1._

18. BURIAL, CREMATION, OR REMOVAL
Place _Mason O._ Date _Sept 14_ 19_36_

19. FUNERAL DIRECTOR _Vorhis Fun. Home_ Lic. No. _291_
(Address) _Lockland_

19a. Was body embalmed _yes_ Embalmer's Lic. No. _1332A_

20. FILED _Sept. 30_, 1936 _Louis N. Uhle_ Registrar.

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 4, 19_35_, to _Sept 11_, 19_36_.
I last saw him alive on _Sept 11_, 19_36_, death is said
to have occurred on the date stated above at _5:10_ P. m.

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

myocarditis Date of onset _Oct._

CONTRIBUTORY CAUSES of importance not related
to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) _R. L. Allen_ M. D.
Date _13_, 193_6_ Address _Glendale, Ohio_