

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County **LUCAS**
Township **WASHINGTON**
City or Village **WESLEY**
No. **4451-2875T**

Registration District No. **169**
Primary Registration District No. **657**

2 FULL NAME **LEONARD GAILION**
(a) Birthname **LEONARD GAILION**
(b) Maiden name **LEONARD GAILION**

3 SEX **Male**
4 COLOR OR RACE **White**

5 DATE OF BIRTH **Feb 27 1897**
6 AGE **56** Years Months Days

7 OCCUPATION **Teacher**

8 RESIDENCE **Pickman County West Virginia**

9 BIRTHPLACE **Unknown**

10 MARRIED NAME **Not known**

11 RESIDENCE (day of death) **John R Hall 4451 2875T**

12 DEATH CERTIFICATE NO. **25**

13 REGISTRAR **D.A. NEIDECNER**

14 FILE NO. **1-2875-2875**

11. DATE OF DEATH (month, day, and year) **Feb 27 1953**
12. TIME OF DEATH **12:30 PM**
13. PLACE OF DEATH (city, street, house, or other address) **Wesley, Ohio**
14. CAUSE OF DEATH (state the immediate cause and the underlying cause, if any, in full)
Hypertensive hemorrhage
15. MANNER OF DEATH (state whether natural, accidental, suicide, or homicide)
Natural
16. Was there any injury to the body which was fatal to the person or concerned?
No

17. Was there any disease or condition which was fatal to the person or concerned?
No

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