

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17478

PLACE OF DEATH
County of Cuyahoga Registration District No. 64 File No. 17478
Township of _____ or _____
Village of _____ Primary Registration District No. _____ Registered No. 33333
City of Cleveland No. 3524 Kratheran St., 6 Ward
FULL NAME John M. Piles
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)** Married
6 DATE OF BIRTH Aug 26, 1840
(Month) (Day) (Year)
7 AGE 78 yrs. 6 mos. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) 64
9 BIRTHPLACE (State or country) Ohio
10 NAME OF FATHER Jessie Piles
11 BIRTHPLACE OF FATHER (State or country) Unknown
12 MAIDEN NAME OF MOTHER Mary William
13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Piles
(Address) 3524 Kratheran

Filed Mar 25 1919 L. A. Jackson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 24, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1919, to _____, 1919, that I last saw him alive on Mar 22, 1919, and that death occurred, on the date stated above, at 5:30 a.m.
The CAUSE OF DEATH* was as follows:

Neurotoxic Cerebral
(Duration) _____ yrs. _____ mos. 3 ds.
Contributory Arterio Sclerosis
(SECONDARY) (Duration) 3 yrs. _____ mos. _____ ds.
(Signed) Walter M. Buecker M. D.
3-25, 1919 (Address) 1189 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Brooklyn Heights **DATE OF BURIAL** March 27, 1919

20 UNDERTAKER O. F. Spaulding **ADDRESS** 3848 W. 25th St
2355A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK