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

1 PLACE OF DEATH

County Cuyahoga Registration District No. File No. 70246

Township Primary Registration District No. Registered No. 9899

or Village No. , Cleveland City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of Cleveland

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Rust, Harry JOHN - 3510 Archwood Ave. Did Deceased Serve in U. S. Navy or Army No

(a) Residence. No. 3510 Archwood Ave. (Correct Address) Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JESSIE PYLE RUST

6. DATE OF BIRTH (month, day, and year) AUG. 3 -1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4		

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Danziger Safety Pin Ticket Co.

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

11. Total time (years) spent in this occupation

0764

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME GEORGE RUST

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

MOTHER

15. MAIDEN NAME CAROLINE HOERNER

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

17. The Signature of INFORMANT Mrs. Jessie Rust (wife)
and (Address) 3510 Archwood Av.

18. BURIAL, CREMATION, OR REMOVAL
Place CROWN HILL Date DEC. 7. 1931

19. UNDERTAKER O. F. Spaulding
(Address) 2704 DENISON AVE

19a. Was body embalmed YES Embalmer's No. 2155 A

20. FILED DEC 5 1931 Registrar. [signature] per H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-3-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23-31, 19 , to 12-3-31, 19 ,

I last saw him alive on 12-3-31, 19 , death is said to have occurred on the date stated above at 3:15 PM.

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

Chronic Ulcerative Pulmonary Tuberculosis
Generalized Miliary Tuberculosis unknown.

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation No Operation Date of --

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: No Accident

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) H. Sullivan M. D.

12-3-31 (Address) City Hospital

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.