

DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County MONTGOMERY Registration District No. 1004 File No. 47130
Township Montgomery Primary Registration District No. 1004 Registered No. 6855
or Village Dayton, O. No. Miami Valley Hospital St. 8 Ward
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME PAULINE McCORMICK How long in U. S., if of foreign birth 17 Dd Deceased Served in U. S. Navy or Army
(a) Residence, No. 105 PATTERSON RD. St. 105 Ward 105
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHITE 5. Single Married Widowed Divorced (circle the word)
6. NAME PAULINE 7. AGE 38 8. DATE OF BIRTH (month, day, and year) Aug 15 1895
9. OCCUPATION TRAFFIC OFFICER
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SELLER, SAW MILL, BANK, ETC. Dayton Police Dept
11. DATE DECEASED (day, month, and year) 8/29/33 12. Total time (years) spent in this occupation
13. BIRTHPLACE (city or town) Mo (State or country)
14. NAME PATRICK McCORMICK
15. BIRTHPLACE (city or town) IRELAND (State or country)
16. MAIDEN NAME MOLLIE ROEBUCK
17. BIRTHPLACE (city or town) Mo (State or country)
18. INFORMANT Mrs Anna M McCormick
19. BIRTHPLACE (city or town) Dayton, O. (State or country)
20. BURIAL CREMATION OR REMOVAL CREMATION SEP 2 1933
21. UNDERTAKER Walters Bros
22. Was body embalmed Yes Embalmer's No. Dayton 09964
23. Filed AUG 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 29 1933
22. I HEREBY CERTIFY, That I attended deceased from 11:50 p.m. to 11:50 p.m. death is said to have occurred on the date stated above at 11:50 p.m.
23. THE PRINCIPAL CAUSE OF DEATH (and related causes of importance in order of onset) as follows:
Accidental Death
Skull fracture - Hemorrhage from left middle meningeal artery
Extra dural Hemorrhage
24. CONTRIBUTORY CAUSES of importance not related to principal cause:
Subtemporal Decompression
25. Name of operation Skull fracture Date 8/29/33
26. What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
27. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 8/29/33
Where did injury occur? Dayton, Ohio (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Skull fracture in contract work
28. Was disease or injury in any way related to death? Yes
29. Signature of physician W. D. Coe
30. Address 105 Patterson Rd Dayton, Ohio
31. Signature of medical examiner Co. Hunt

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.