OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. 381 | Primary Reg. Dist. No. 8177 | State File No. 61242 | Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY: FAYETTE
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): WASHINGTON C H
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 1025 DAYTON AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OHIO
b. COUNTY: HAMILTON
c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): CINCINNATI
d. STREET (If rural, give location) ADDRESS:

3. NAME OF DECEASED (TYPE OR PRINT): a. (First) ANNA | b. (Middle) ELIZABETH | c. (Last) GORMAN

4. DATE OF DEATH: (Month) OCT (Day) 13, (Year) 1950

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months	Under 1 Year: Days	If Under 24 Hrs.: Hours	If Under 24 Hrs.: Min.
F	W	MARRIED	JAN 12, 1884	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	YORKSHIRE ENGLAND	USA

13. FATHER'S NAME: PATRICK GORMAN

14. MOTHER'S MAIDEN NAME: MARY ANN MORRISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE: John Gorman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

*This does not mean

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to (a) stating last.

DUE TO (b) Hypertensive Arteriosclerotic heart disease — Yes.

DUE TO (c)

CONDITIONS

to the death but not related tion causing death.

4200

OPERATION

20. AUTOPSY? Yes ☐ No ☒

b. PLACE OF INJURY (e.g., in about home, farm, factory, eet, office building, forest,) | 21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)

21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1950, to 10-13, 1950, *and that death occurred at* 3:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. H. Rozmann, M. D.	Wash. C.H. Ohio	10-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10/27/50	ST JOSEPH CEMETERY	CINCINNATI HAMILTON O.

BIRTH NO. — Do not write in this space

NAME OF EMBALMER: DALE G WILSON (LIC. NO.) 5252A

DATE REC'D BY LOCAL REG. 10-14-50 | REGISTRAR'S SIGNATURE: Lillie E. Henkle

25. FUNERAL DIRECTOR'S SIGNATURE: Charles A. Mueller (LIC. NO.) 1241

RESERVED FOR BINDING
TED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.
THIS CERT
V.S. 11

"Ohio Deaths, 1908-1953," database with images, FamilySearch (https://familysearch.org/ark:/61903/1:1:X6TQ-H4W : 8 December 2014), Anna Elizabeth Gorman, 13 Oct 1950; citing , reference certificate; FHL microfilm 2,372,784.