

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

1 PLACE OF DEATH
County CUYAHOGA Registration District No. 8116 File No. 47911
Township..... Primary Registration District No..... Registered No. 7170
or Village..... No..... St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of CLEVELAND

2 FULL NAME SARAH ELIZABETH PILES Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 3720 - W - 36 St., Ward. 3
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>FEMALE</u>	4 COLOR OR RACE <u>WHITE</u>	5 Single, Married, Widowed or Divorced (write the word) <u>WIDOWED</u>
5a If married, widowed or divorced HUSBAND of <u>JOHN PILES</u> <u>DECD</u> (or) WIFE of		
6 DATE OF BIRTH (month, day, and year) <u>NOV 2, 1843</u>		
7 AGE	Years <u>84</u>	Months <u>9</u>
	Days <u>18</u>	If LESS than 1 day... hrs. or... min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>RETIRED</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9 BIRTHPLACE (city or town) (State or country) <u>OHIO</u>		

10 NAME OF FATHER JACOB HAMILTON

11 BIRTHPLACE OF FATHER (city or town)
(State or country) VIRGINIA

12 MAIDEN NAME OF MOTHER LYDIA HAVENS

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) OHIO

14 Informant Harry Hunt
(Address) 3720 West 36th

15 AUG 21 1928
REGISTRAR A. P. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 8/20 1928
17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1928, to Aug 20, 1928, that I last saw her alive on July 28, 1928 and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:
organic heart disease with old age
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) C. H. Snow M. D.
7-20-28 (Address) 5785 W. 125th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal BROOKLYN HEIGHTS DATE OF BURIAL AUG 23 1928
20 UNDERTAKER Off Spaulding ADDRESS 2704 DENISON AVE.
20a WAS THE BODY " EMBALMED? " YES " EMBALMER'S LICENSE NO. 2335-A

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.