

State of Ohio }
 County of Cuyahoga }
 Registrar of Primary Registration, District No. 5018, as provided by an act establishing a Bureau of Vital Statistics, and to provide for the prompt and permanent registration of all Births and Deaths occurring within the State of Ohio, do hereby certify that the within copy is taken and copied from the records of this office and that the same is a correct transcript thereof. In testimony whereof I have hereunto subscribed my name at Cleveland, Ohio, this 23rd day of April 1919.
 Registrar

No 13016

DEPARTMENT OF PUBLIC WELFARE
 DIVISION OF HEALTH
 BUREAU OF VITAL STATISTICS
 CITY OF CLEVELAND
 STATE OF OHIO

FIFTY CENTS

COPY OF DEATH CERTIFICATE

PLACE OF DEATH 13 Registration District No. 8116
 Primary Registration District No. 5018
 County of Cuyahoga, City of Cleveland, No. 3524 Katcher Street 6 Ward
 FULL NAME John M. Piles Registered No. 3362
1 APR 18 1919

Personal and Statistical Particulars

3 SEX M 4 COLOR OR RACE W 5 Single Married
 6 DATE OF BIRTH Aug 26 1840
 7 AGE 78 yrs. 6 mos. 26 da. 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)
 9 BIRTHPLACE (State or Country) Ohio

PARENTS
 10 NAME OF FATHER Assie Piles
 11 BIRTHPLACE OF FATHER (State or country) Unknown
 12 MAIDEN NAME OF MOTHER Mrs. Williams
 13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Loak Piles
 (Informant)
3524 Katcher
 (Address)

15 Mar 25 9
 Filed..... 1919
W. H. Campbell Registrar

Medical Certificate of Death

DATE OF DEATH Mar 24 9
 (Month) (Day) (Year)
 I HEREBY CERTIFY THAT, I attended deceased from Mar 22 9 1919 to Mar 22 9 1919
 that I last saw h..... alive on Mar 22 9 1919
 and that death occurred on the date stated above at 6:30 A.M.
 THE CAUSE OF DEATH was as follows:
Heart failure
3
 (Duration)..... yrs. mos. days
 Contributory arterio sclerosis
 (Duration)..... yrs. mos. days
 (Signed) Walter H. Buckner M.D.
 (Address) 418 4th Ave

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

PLACE OF BURIAL or REMOVAL W. H. Campbell DATE OF BURIAL Mar 27 9
 UNDERTAKER W. H. Campbell ADDRESS 3848 W. 191

23009

3848 W. 191