

OHIO DEPARTMENT OF HEALTH

11688

COLUMBUS

Reg. Dist. No. 904
 Primary Reg. Dist. No. 8390

CERTIFICATE OF DEATH
 Department of Commerce — Bureau of the Census

State File No. _____
 Registrar's No. 294

571
 144
 572

MARGIN RESERVED FOR BINDING
 THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) Dayton
(City, Village, Township)
 (c) Name of hospital or institution:
Miami Valley Hospital
(If not in hospital or institution, write street No. or location)
 (d) Length of stay: In hospital or institution 3 Days
(Days)
 In this community 76-4-11
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ohio (b) County Montgomery
 (c) City or village Oakwood
(If outside city or village, write RURAL)
 (d) Street No. Harmon & Park Avenues
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME ORVILLE WRIGHT
 (a) If veteran, name war X (b) Social Security No. X
 4. Sex Male 5. Color or race Single
 6. (a) Single, widowed, married, divorced _____
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 19, 1871
(Month) (Day) (Year)
 8. AGE: Years 76 Months 4 Days 11 If less than one day hr. min.

MEDICAL CERTIFICATION
 20. Date of death: Month January day 30
 year 1948 hour 10 minute 40 PM
 21. I hereby certify that I attended the deceased from Oct. 10, 1947 to Jan. 30, 1948
 that I last saw him alive on Jan. 30, 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Crown aneurysm Duration 3 days
 Due to sepsis

9. Birthplace Dayton, Ohio.
(City, town, or county) (State or foreign country)
 10. Usual occupation Inventor of Airplanes
 11. Industry or business _____
 12. Name Milton Wright
 13. Birthplace Rushville, Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Koerner
 15. Birthplace Hillsboro, KK Va.
(City, town, or county) (State or foreign country)

Due to 942-97 Pulmonary congestion 3 days
 Other conditions (Include pregnancy within 3 months of death)
 Major findings of operation _____
 Major findings of autopsy _____

16. (a) Informant's signature Mrs. Harold S. Miller
 (b) Address 1820 Ruskin Rd., Dayton, Ohio.
 17. (a) Burial, ~~cremation, or other~~ (b) Date Feb. 2, 1948
(Month) (Day) (Year)
 (c) Place Woodland Cemetery
 (d) Forrest H. Timmons 4037-A
(Name of Embalmer) (Lic. No.)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or Village) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) How did injury occur? _____

18. (a) Louis P. Boyer 357
(Signature of Funeral Director) (Lic. No.)
 (b) Address 609 Riverview Ave., Dayton, O.
 19. (a) 2-2-48 (b) W. J. Williams
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Williams MD.
(Specify if Doctor of Medicine or Osteopathy)
 Address 60 Wyoming St. Date signed Jan. 31, 1948
Dayton, Ohio.

V.S. 11

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