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

1 PLACE OF DEATH
County Lucas Registration District No. 769 File No.
Township Primary Registration District No. 8349 Registered No. 1876
or Village No. Mercy Hosp St., Ward
or City of Toledo (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicholas Gillen
Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. 347 W Delaware av St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (*write* the word)
male	white	widower

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 1857

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68		17	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(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) Germany

PARENTS
10 NAME OF FATHER John Gillen
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER -----Gross
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Edward N Gillen
(Address) 347 W Delaware av

15 Filed 6 15 25 Sam F Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6 12 25 19

17 I HEREBY CERTIFY, That I attended deceased from 6 8 25, 19, to 6 12 25, 19,
that I last saw h im alive on 6 12 25, 19,
and that death occurred, on the date stated above, at 6p m.
The CAUSE OF DEATH* was as follows:

Cholelithiasis; stone in common duct; myocarditis

(duration) yrs. 3 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? yes
What test confirmed diagnosis? jaundice

(Signed) Joseph L Egle, M. D.
6 15 25, 19 (Address) 402 Fassett 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	DATE OF BURIAL
Caragher Ohio	6 16 25 19

20 UNDERTAKER, License No.	ADDRESS
Bert Leon	Toledo Ohio

OF OCCUPATION IS very important. See instructions on back of certificate.