Form No. 10-N Prescribed by Secretary of State (1-98)

HEALTH OFFICER'S MONTHLY REPORT OF DEATHS

Revised Code 3503.18

_____, Ohio, _____
(Year)

To the Board of Elections, _____ County, Ohio

The following are names and residence addresses of all persons over eighteen years of age, who have died within said

(check appropriate box) ☐ County or ☐ City during the month of_____, _____.

Name Arranged alphabetically by surname, followed by the full first and middle name.	**Residence** Number, Street or Road, City or Town	**Date of Birth**	**Date of Death**

Board of Elections

BOARD OF ELECTIONS

_____ County, Ohio

Health Officer's Monthly Report of Deaths

for the month of_____
(Insert month and year)

Filed _____, _____

by

_____
Director

Name Arranged alphabetically by surname, followed by the full first and middle name.	**Residence** Number, Street or Road, City or Town	**Date of Birth**	**Date of Death**