XXII. BOARD OF HEALTH

The general health district, or county board of health, is one of the recent developments in county health administration. An act of the legislature in 1919 provided that townships and municipalities in each county, exclusive of any city with 25,000 or more population, should constitute a general health district; cities with 25,000 or more population, a municipal health district. Municipalities of not less than 10,000 nor more than 25,000 population, maintaining a board of health meeting the qualifications of the legislative act, were authorized after examination by the state health department to continue operation as separate health districts.¹

An amendment in December 1919 made each city a health district; the townships and villages in each county were combined into a general health district; and a city and general health district were authorized to combine for administrative purposes.² The mayor of each municipality not constituting a city health district, and the chairman of the board of trustees of each township, are authorized to meet at the seat of justice and, by selecting a chairman and a secretary, organize a district advisory council. This council selects and appoints a district board of health composed of five members, one of whom must be a physician, who serve without compensation.³

Within 30 days after their appointment the members of the district board of health—the county board of health—organize by appointing one of their members president and another president pro tempore. The board is authorized to appoint as district health commissioner a licensed physician who serves as secretary to the board. This official is designated deputy state registrar of vital statistics and is required to report monthly to the state registrar of vital statistics.⁴

On recommendation of the district health commissioner the board appoints a full-time public health nurse, a clerk, and such additional public health nurses, physicians, and others as may be necessary for the proper conduct of its work. The board studies the prevalence of disease, especially communicable diseases, provides treatment of venereal diseases, and is authorized to make any and all regulations it deems necessary for the prevention or restriction of disease, and the prevention, abolition, or suppression of nuisances. It provides for inspection of public charitable, benevolent, correctional, and penal institutions; and may provide inspection of dairies, stores, restaurants, hotels, and other places where food is manufactured, handled, stored, sold or offered for sale. The board is authorized to carry on necessary laboratory work.

¹ Laws of Ohio, CVIII, pt. i, 236.
² Ibid., CVIII, pt. ii, 1085.
³ Ibid.
tests by establishing a laboratory or contracting with existing laboratories, and all state institutions supported in whole or in part by public funds must furnish such laboratory service to a county board of health under the terms agreed upon.5

The health department is financed by public taxation. The district board of health annually estimates in itemized form the amount needed for the ensuing fiscal year, and these estimates are certified to the county auditor and submitted by him to the county budget commissioners who may reduce any item but cannot increase any item or the aggregate of all items. The total amount fixed by the budget commissioners is apportioned by the county health department on the basis of taxable valuations in the townships and municipalities composing the district.6

In Geauga County the board of health carries on its work with two county nurses and a clerk, all under the supervision of the health commissioner. Laboratory tests of water and milk, or for typhoid, diphtheria, syphilis, undulant fever, and Bangs disease are made for the district at Ohio State University. Rabies treatment serum is available at the local office at all times, and the state health department provides free treatment of syphilis when application is properly made through the local office. The annual budget of the board amounted in 1940 to $8500, of which the state department contributed $1000.7

Tuberculosis clinics, supported by the Geauga County Tuberculosis and Health Association have been conducted by the board of health since 1939.8 Complete X-ray files and case records are kept in its office.9 Since Geauga County maintains no sanatorium, it sends its incipient tuberculosis patients to the Pope's Convalescent Home in this county. Advanced cases requiring constant care are sent to the nearest hospital available where this type of disease can be adequately treated.10 In 1940 the commissioners appropriated for this purpose $5000, supporting patients at one or another of these institutions.11

All records are located in office of W. C. Curley, health officer, 124 Huntington Street, Chardon, Ohio.

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5 Laws of Ohio, CVII, pt. ii, 1088, 1089.
6 Ibid., CVII, pt. ii, 1091.
7 Minutes ofBudget Commission, 1940, see entry 359.
8 X-Ray Card Files, 1939-41, see entry 385.
9 Ibid.
10 Commissioners' Journal, General XI (1936-41), 230, see entry 1.
11 Ibid., 330.
Board of Health - Minutes
Communicable Diseases; Vital Statistics

Minutes

378. MINUTES OF THE GEauga COUNTY BOARD OF HEALTH, 1920--. 1 vol.
Minutes of Geauga County board of health, showing date of meeting, record of
all motions made, bills passed for payment, and appropriation of funds to vari-
cous accounts from the general board of health fund. Arr. chron. by dates of
meetings. No index. Typed. 150 loose-leaf pp. 10 x 8 x 1.  

Communicable Diseases

379. (CASE RECORDS OF COMMUNICABLE DISEASES), 1921--. 1 f. d., 1 vol.
Case records of communicable diseases, showing case number, name, address, and
age of patient, name and address of attending physician, kind of disease, dis-
trict number, date card sent to state, date of report, date of visit, and date
of release from quarantine. Arr. chron. by dates reported. No index. Hdw.
on p. f. F. d., 10 x 15 x 25\frac{3}{4}; vol., 200 pp. 11 x 22 x 1\frac{3}{4}.

Vital Statistics

380. (COPIES OF BIRTH CERTIFICATE), 1921--. 1 f. d.
Copies of certificates of births, showing date and place of birth, certificate
number, sex of child, names, address, ages, and occupation of parents, certificate
of attending physician, and certificate of informant. Arr. chron. by
dates of births. For index, see entry 391. Hdw. and typed on p. f. 10 x 15 x
25\frac{3}{4}.

391. (CARD INDEX RECORD OF BIRTHS), 1921--. 1 f. b.
Index to (Copies of Birth Certificates), entry 380, showing name of infant,
date and place of birth, names of parents, and number of birth certificates.
Arr. alph. by names of infants. Hdw. on cards 10 x 15 x 25\frac{3}{4}.

382. (COPIES OF CERTIFICATES OF DEATHS), 1921--. 1 f. b.
Copies of certificates of death, showing name and address of decedent, date
of death, sex, race, marital status, date and place of birth, age, occupation,
names and addresses of parents, signature of informant, date buried, and
name and address of funeral firm; medical certificate of death by attending
physician, showing date of death, principal and contributory causes of death,
and typed on p. f. 10 x 15 x 25\frac{3}{4}.

383. VITAL STATISTICS, 1921--. 1 f. b.
Monthly statistical reports of births and deaths, showing date of report, and
number of births of each sex reported during month; deaths, showing date of
report, cause of death, age, and number of deaths from each cause and of each
age during month. Arr. chron. by dates reported. No index. Hdw. 10 x 15 x
25\frac{3}{4}.
Financial Records
(See also entry 385)

384. RECORD OF DISBURSEMENTS, 1921--. 1 vol.
Record of disbursements from the board of health fund, showing date of dis-
bursement, name of payee, purpose and amount of payment, and balance on hand
240 pp. 11 x 10 x 2.

Miscellaneous

385. X-RAY CARD FILE, 1932--. 1 f. d.
History of X-ray plates, showing date X-ray was taken, name of patient, stage
of disease, condition or classification, cost of diagnosis and X-ray, date of
medical examination by physician, age and description of patient, and disposi-
Approx. 2200 cards, 3 x 5, in f. d., 10 x 15 x 2 1/2.