

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Franklin 61809 Registration District No. 392 File No. 23114  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1915  
or Village \_\_\_\_\_ No. Ohio Pen St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Columbus (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds How long in U. S., if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds

2 FULL NAME Yutkwan White man No 7 Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. \_\_\_\_\_ (Usual place of abode) Ward \_\_\_\_\_ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. Single, Married, Widowed, or Divorced (write the word) Unknown  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) Unknown  
7. AGE Years 37 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

13. NAME Yutkwan

14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT Ohio Pen Records  
The Signature of \_\_\_\_\_ and (Address) Cols-0

18. BURIAL, CREMATION, OR REMOVAL Place East Lawn Date 4-26 1930

19. UNDERTAKER State Burial  
(Address) \_\_\_\_\_

19a. Was body embalmed yes Embalmer's No. Cols-0249

20. FILED 4/26 1930 J. Keegan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21, 1930  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Confascation of O.P.

CONTRIBUTORY CAUSES of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

2A. If so, specify \_\_\_\_\_  
(Signed) Joseph A. Murphy M. D.  
(Address) 1450 West Vernon Av