

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22009
 Township _____ Primary Registration District No. 8187 Registered No. 1707
 or Village _____ No. Ohio Penitentiary St. _____ Ward _____
 or City of Columbus, Ohio (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 1 yrs. 10 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Charles Bilek Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. _____ St. _____ Ward. Cleveland, Ohio
 (Usual place of abode) (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) Married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, year) Jan 25, 1906
 7. AGE Years 24 Months 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
 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) 11/29/30 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Winton (State or country) _____

MOTHER 13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT The Signature of Ohio Pen Records and (Address) Colo. S.

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Date Apr 24 1930

19. UNDERTAKER A. H. ... (Address) Cleveland - 2492 A.

19a. Was body embalmed? yes Embalmer's No. _____

20. FILED 4/24 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 31, 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 6.00 PM
 The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

Asphyxiation
Ohio Penitentiary

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? _____
 If so, specify Crow
 (Signed) Joseph G. Murphy M. D.
 (Address) 1450 Mt. Vernon