

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

1 PLACE OF DEATH

County

Franklin

Registration District No.

392

File No.

23059

Township

Primary Registration District No.

987

Registered No.

1859

or Village

No.

Ohio

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

yr. mos. ds.

How long in U. S., if of foreign birth?

yr. mos. ds.

2 FULL NAME

Charley A Wells

Did Deceased Serve in U. S. Navy or Army

(a) Residence. No.

St.

Ward

Muskegon Heights Mich

(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)

Single

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

6. DATE OF BIRTH (month, day, and year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

38

OCCUPATION

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.

XXXX

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)

Mich

13. NAME

Henry Wells

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

N.Y.

15. MAIDEN NAME

Emeline Judd

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

Mich

17. The Signature of INFORMANT and (Address)

John Berghuis Grand Rapids

18. BURIAL, CREMATION, OR REMOVAL

Place name, date, etc. Mich 4-25-1930

19. UNDERTAKER

Lee Undertakings Muskegon Heights Mich

19a. Was body embalmed?

Yes Embalmer's No. 2442A

20. FILED

4/25 1930

J. W. 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

I last saw him alive on

to have occurred on the date stated above at

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

Conflagration of

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

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

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave