

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. 22837
Township _____ Primary Registration District No. 8187 Registered No. 1635
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 Edward Upchurch Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward Marion 0
(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 Mrs. Alice Upchurch
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1904

7. AGE 25 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Penitentiary
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Slick Ford, Ky.
(State or country) _____

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) Unknown
(State or country) _____

17. INFORMANT The Signature of Alice Upchurch
and (Address) Marion Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Marion 0 Date Apr 28 1930

19. UNDERTAKER Hess Market Exp. Co.
(Address) Marion 2492A.

19a. Was body embalmed Yes Embalmer's No. _____

20. FILED 4/27 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at 6 p.m.

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

Conflagration
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 Crower
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt Vernon St