

59897

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22932

Township

Primary Registration District No. 8187Registered No. 1730

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 2 yrs. 2 mos. ds.

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

2 FULL NAME Emerson MonnettDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

St.

Ward

Fairfield, Co

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 14, 1882

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.4817

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer9. 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
occupation12. BIRTHPLACE (city or town,
State or country) Wintersville,
Ohio

13. NAME

Unknown14. BIRTHPLACE (city or town,
State or country)15. MAIDEN NAME Elsie Norris16. BIRTHPLACE (city or town,
State or country) Box 18
Thurston, Ohio17. The Signature of
INFORMANT
and (Address)A. E. Johnson
Baltimore - 6

18. BURIAL, CREMATION, OR REMOVAL

Place Wintersville Date 4-24 193019. UNDERTAKER A. E. Johnson(Address) Baltimore

19a. Was body embalmed

Embalmer's No.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1930, 19

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 6:00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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 fol-
lowing:

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 no, specify

(Signed) Joseph W. Murphy M. D.(Address) 1450 Mt Vernon Ave