

60778

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. 22985  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1784  
or Village \_\_\_\_\_ No. Ohio Pen. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of Columbus  
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 Frank Angilan Did Deceased Serve in  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ U. S. Navy or Army  
(Usual place of abode) (If nonresident give city or town and State) Hamilton County, O.

## 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. Lillian Angilan  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1906

7. AGE Years Months Days If LESS than  
23 1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Mechanic  
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) Louisville, Ky.  
(State or country)

MOTHER FATHER 13. NAME Frank Angilan

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

15. MAIDEN NAME

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

The Signature of  
17. INFORMANT Ohio Pen. Records  
and (Address) Cals. O.

18. BURIAL, CREMATION, OR REMOVAL  
Place Cincinnati Date 4-28-30

19. UNDERTAKER Busse Bergman Co  
(Address)

19a. Was body embalmed Yes Embalmer's No. Anti O. 2492A

20. FILED 4/2 1930 JW 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:

Congestive  
Heart Failure

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 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 so, specify \_\_\_\_\_

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave