

39650

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

22913
1701

1 PLACE OF DEATH
 County Franklin Registration District No. 592 File No. 1701
 Township _____ Primary Registration District No. 8187 Registered No. _____
 or Village _____ No. Ohio Penitentiary. 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 Butler, Frank Butler Did Deceased Serve in
 U. S. Navy or Army _____
 (a) Residence. No. _____ St. _____ Ward. Summit County
 (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) Single

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

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1900

7. AGE Years 30 Months _____ Days _____ If LESS than 1 day, _____ hrs _____ min.

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.

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation 7 1/2

12. BIRTHPLACE (city or town) Munson, Pa.
 (State or country)

13. NAME Munson

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

15. MAIDEN NAME (Mrs.) Winifred Butler

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

The Signature of Winifred Butler
 17. INFORMANT and (Address) Apron - O.

18. BURIAL, CREMATION, OR REMOVAL
 Place Apron Date Apr 24 30

19. UNDERTAKER Annungham
 (Address) Apron

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/24 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 _____ 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 Causes
 (Signed) Joseph A. Murphy M. D.
 (Address) 1400 West Union Ave