

59075

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392 File No. 22000

Township

Primary Registration District No. 8187 Registered No. 1698

or Village

No. Ohio Penitentiary St. _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street and number)

or City of Columbus, OhioLength of residence in city or town where death occurred _____ yrs. _____ mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.2 FULL NAME Garland Runyon

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Ironton, Ohio St. _____ Ward _____

St. _____ Ward _____

Ironton, Ohio

(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)Separated5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 11, 1900

7. AGE

29

Years

9

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.Millwright9. 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)Ironton, OhioMOTHER
FATHER13. NAME John Runyon14. BIRTHPLACE (city or town)
(State or country) Ohio15. MAIDEN NAME Sarah Chambers16. BIRTHPLACE (city or town)
(State or country) Ironton Ohio17. INFORMANT
The Signature of Harry C Runyon
and (Address) 415 1/2 Pearl Ave Ironton, O18. BURIAL, CREMATION, OR REMOVAL
Place Ironton Date 4-24-3019. UNDERTAKER
(Address) Cannon Bros
Riverside, N.Y. 1242419a. Was body embalmed Yes Embalmer's No. _____20. FILED 4/24/30 1930 J.W. Segar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 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 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Couflagration
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 so, specify

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