

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22066
 Township _____ Primary Registration District No. 887 Registered No. 1866
 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, Ohio
 Length of residence in city or town where death occurred 4 yrs. 3 mos. 7 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Homer Eberth

(a) Residence. No. _____ St. _____ Ward. Clark County
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

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

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Wapakoneta
 (State or country) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

The Signature of Ohio Pen Records
 17. INFORMANT _____ and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL
 Place Allen - Mich Date 4-25-30

19. UNDERTAKER Jel. ontz - Ohio Pen
 (Address) Cols - O

19a. Was body embalmed yes Embalmer's No. 2922A

20. FILED 4/25 1930 JW Keegan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above at 6.00 PM

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

1. Congestation
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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1454 Mt Vernon av