

61650

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

1602  
22874

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 22874  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1602  
or Village \_\_\_\_\_ No. Ohio Pen. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Jack Beers Did Deceased Serve in  
U. S. Navy or Army  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
Summit Co. Ohio  
(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) Married

5a. If married, widowed, or divorced  
HUSBAND of Mrs. Rose Beers  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1906

7. AGE Years 24 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trap drummer  
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) Dubois, Pa.  
(State or country)

MOTHER FATHER 13. NAME Samuel H. Beers

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

15. MAIDEN NAME Rhoda Place

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

17. The Signature of INFORMANT, Samuel H. Beers  
and (Address) Akron O. 213 Cole Ave

18. BURIAL, CREMATION, OR REMOVAL  
Place Akron Date 4/23 1920

19. UNDERTAKER Samuel H. Beers, father  
(Address) Akron - Ohio

19a. Was body embalmed yes Embalmer's No. 2492A

20. FILED 4/23 1920 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 6 P. m.

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

Complication at O P  
180

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) 1450 Mt Vernon av