

57769

 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

23085

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1885or Village ColumbusNo. Ohio Penitentiary

St., \_\_\_\_\_ Ward \_\_\_\_\_

or City of \_\_\_\_\_

(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 John Myers

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Hancock Co., O

St., \_\_\_\_\_ Ward \_\_\_\_\_

Hancock Co. 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)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.32

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as *spinner,*  
*sawyer, bookkeeper,* etc.Laborer9. 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)

## MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
The Signature of Ohio Ray Records  
and (Address) Columbus - O

## 18. BURIAL, CREMATION, OR REMOVAL

Place Toledo Date 4/26 1920

## 19. UNDERTAKER

(Address) R. F. Sohler  
648 Oak St. Toledo O.19a. Was body embalmed yes Embalmer's No. 2492A

## 20. FILED

4/26 9:30 J. W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 \_\_\_\_\_ m.

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

Date of onset

Conflogration  
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 av