

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22823  
 Township \_\_\_\_\_ Primary Registration District No. 5187 Registered No. 1621  
 or Village \_\_\_\_\_ No. Ohio Rev 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 Laurence Robey Did Deceased Serve in \_\_\_\_\_  
 (a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Barnesville \_\_\_\_\_  
 (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) Divorced  
 5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Unknown  
 7. AGE Years 35 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. Unknown  
 9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (city or town) Ohio (State or country) \_\_\_\_\_  
 MOTHER FATHER 13. NAME John Robey  
 14. BIRTHPLACE (city or town) Ohio (State or country) \_\_\_\_\_  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_  
 17. INFORMANT The Signature of J. P. Records and (Address) Cols - Ohio  
 18. BURIAL, CREMATION, OR REMOVAL Place Barnesville Date Apr 23 1938  
 19. UNDERTAKER K. J. Campbell (Address) Barnesville, O.  
 19a. Was body embalmed? Yes Embalmer's No. 2492A  
 20. FILED 4-23 1938 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 23, 1938  
 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 P. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Coronary Artery  
Ohio  
 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 Career  
 (Signed) Joseph A. Murphy M. D.  
 (Address) 1450 West Vernon Ave