

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

1 PLACE OF DEATH

County

Township

or Village

or City of

Length of residence in city or town where death occurred

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

Registration District No.

Primary Registration District No.

No.

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

File No.

Registered No.

Did Deceased Serve in

U. S. Navy or Army

St., Ward.

(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)

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

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

7. AGE

Years

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.

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)
(State or country)

13. NAME

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

15. MAIDEN NAME

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

17. The Signature of
INFORMANT
and (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date

19. UNDERTAKER
(Address)

19a. Was body embalmed

Embalmer's No.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

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

Corruption
Other

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)

(Address)

Joseph G. Murphy M. D.
1450 West Vernon