

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. 22853

Township _____

Primary Registration District No. 8187

Registered No. 1651

or Village _____

No. Ohio Penitentiary

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. New long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Norris Snelling

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

St., _____ Ward _____

(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 _____
(or) WIFE of Agnes B. Snelling

6. DATE OF BIRTH (month, day, and year) May 27 1890

7. AGE Years 40 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. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7809/180
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) Jackson Ohio

MOTHER FATHER 13. NAME Preston Snelling

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

15. MAIDEN NAME Sarah Howard

15. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT The Signature of J. A. Snelling
and (Address) 94 Chestnut St Newark, Ohio

BURIAL, CREMATION, OR REMOVAL Interred at Newark, Ohio 4-25-30

19. UNDERTAKER W. P. Hensel
(Address) 80 N. 14th St. Newark, Ohio

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

20. FILED 4/23, 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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:

Congestive heart failure
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) 1450 Mt Vernon Ave