

61631

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22846

Township

Primary Registration District No. 6187Registered No. 1644

or Village

No. Ohio Penitentiary St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)or City of Columbus

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

Van ArgabrightDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

Shelby, OSt. Ward.

(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)
MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMae Van Argabright6. DATE OF BIRTH (month, day, and year) June 16, 1885

7. AGE

Years

45

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.Machinist9. 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)Sidney, O

MOTHER FATHER

13. NAME

Charles Argabright14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
The Signature of
and (Address)Harvey O. Roth
Sidney, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Sidney, O. Date Apr 24, 193019. UNDERTAKER
(Address)W. B. Taylor
Sidney, Ohio19a. Was body embalmed yes Embalmer's No. 2442A20. FILED 4/23 19 30J. 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 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:

Date of onset

Nonflagrator
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 Ave