

57764

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22901
Township _____ Primary Registration District No. 8187 Registered No. 1699
or Village _____ No. Ohio Pen. 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 Wayne Bennett Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward. unknown
(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) Single		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>				
7. AGE	Years <u>35</u>	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. Boilermaker			
	9. Industry or business in which work was done, as silk mill saw mill, bank, etc. <u>Or 20 180</u>			
	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) <u>unknown</u>				
MOTHER FATHER	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>			
	15. MAIDEN NAME <u>unknown</u>			
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>				
17. The Signature of INFORMANT and (Address) <u>Lutted Gussup 137 W. North St.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Columbus</u> Date <u>4/25/30</u>				
19. UNDERTAKER (Address) <u>P. J. Rutherford</u>				
19a. Was body embalmed <u>yes</u> Embalmer's No. <u>2492A</u>				
20. FILED <u>4/24</u> 19 <u>30</u> <u>J. W. Reagan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Apr. 21, 1930</u>	
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 <u>6 p.m.</u>	
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Overplay at work</u> <u>Ohio penitentiary</u>	
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) <u>Joseph A. Murphy</u>	M. D. <u>Coroner</u>
(Address) <u>1450 Mt Vernon an</u>	