

61871

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. 22959

Township.....

Primary Registration District No. 8187

Registered No. 1758

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

2 FULL NAME Albert Mc Whorter

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Pickaway, Co., O.  
(Usual place of abode)

St., ..... Ward. Pickaway, Ohio  
(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

6. DATE OF BIRTH (month, day, and year) May 1 - 1895

7. AGE Years 34 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. + name of Company  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. + name of Ohio Penitentiary  
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) none/Ohio

MOTHER 13. NAME Elmer Mc Whorter

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

15. MAIDEN NAME Jane Heald

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

17. INFORMANT The Signature of John Mc Whorter and (Address) Derby - Ohio

18. BURIAL, CREMATION, OR REMOVAL Place mt Sterling - O. Date 4 - 25 1936

19. UNDERTAKER J. E. Norris (Address) Harrisonburg - O.

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

20. FILED 4-24-36 J. 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:

Compensation  
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 G. Murphy M. D.

(Address) 1450 mt Vernon Ave.