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

1 PLACE OF DEATH

County Franklin
Township ColumbusRegistration District No. 392File No. 23029

or Village

No. Ohio PenitentiaryRegistered No. 1828

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 Alfred FordDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

(Usual place of abode)

St., _____ Ward. _____

Nancock Co. - O.
(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) Married5a. If married, widowed, or divorced
HUSBAND of Mrs. Alice Ford
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 28, 18917. AGE Years 39 Months _____ Days _____
If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Blacksmith9. 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) Allen Co., Ohio.
(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. INFORMANT Perry Miles
and (Address) Findlay, O.18. BURIAL, CREMATION, OR REMOVAL
Place Findlay, O. Date 4-25 19 3019. UNDERTAKER Perry Miles
(Address) Findlay, O.19a. Was body embalmed? yes Embalmer's No. 2492420. FILED 4/24 19 30 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 193022. 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 _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

180 Conflagration
in 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 av