

61095

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

1 PLACE OF DEATH
County Franklin Registration District No. 592 File No. 23867
Township _____ Primary Registration District No. 6187 Registered No. 1665
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 Alfred Sutliff Did Deceased Serve in
U. S. Navy or Army
(a) Residence. No. _____ St. _____ Ward. Lucas Co Ohio
(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 Helen Sutliff
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6, 1900

7. AGE Years 29 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. Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7769/18
10. Date deceased last worked at this occupation (month and year) _____ 1. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lucas Co., Ohio
(State or country)

MOTHER FATHER 13. NAME unk
14. BIRTHPLACE (city or town) unk
(State or country) unk
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Ohio Pen Records
and (Address) Col. O.

18. BURIAL, CREMATION, OR REMOVAL
Place Cowley Date Apr 24 1930

19. UNDERTAKER M. J. Hiney
(Address) Columbus

19a. Was body embalmed yes Embalmer's No. 24924

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

MEDICAL CERTIFICATE OF DEATH

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

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:

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) 1452 West 1st St