

61203

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 38034

Township

Primary Registration District No. 8187Registered No. 1835

or Village

No. Ohio Pen.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. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Andrew MurphyDid Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

St., Cuyahoga Co. Ward.

(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) Divorced

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 7, 1888

7. AGE Years 42 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. Auto mechanic  
9. 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) Ireland, Carlo Co.  
(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 Mrs Lunge Frederik  
and (Address) 1352 Sunset Rd  
Mayfield Hts18. BURIAL, CREMATION, OR REMOVAL  
Place Cleveland Date 4-26-193819. UNDERTAKER Flynn & Truelly 2499A  
(Address) 5309 Superior Cleveland19a. Was body embalmed yes Embalmer's No.20. FILED 4-25-38 JW Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1938

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 6 p. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:

Date of onset

1. Inflam. of  
2. Chole. peritonitis

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) 1450 Mt Vernon av