

59698

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

22957

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1756

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 Arnold Begley

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Butler Co.

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMrs. Lulu Begley, Doorway, Ky.6. DATE OF BIRTH (month, day, and year) Nov 16-1890

7. AGE

39

Years

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.*Farmer9. 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)

Kentucky

(State or country)

MOTHER FATHER

13. NAME

Hiram Begley

14. BIRTHPLACE (city or town)

(State or country) Ky

15. MAIDEN NAME

Elizabeth Smith

16. BIRTHPLACE (city or town)

(State or country) Ky17. The Signature of  
INFORMANT  
and (Address)Justus Begley  
Hazard Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Charged by Date 4-25-1930

19. UNDERTAKER

(Address)

Justus Begley  
Hazard Ky19a. Was body embalmed yes Embalmer's No. 249220. FILED 4/24 1930J. 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 \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:

Date of onset

180 Congestion  
Old 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 Ave