

56561

 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23705

Township

Primary Registration District No. 8187Registered No. 1804

or Village

No. Ohio Penitentiary

St.

Ward

or City of Columbus, Ohio

(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 3 yrs 3 mos. ds.

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

2 FULL NAME Arol FremontDid Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

St.

Ward.

Cuyahoga County &

(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)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE

24

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.Radiotrician9. 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  
occupation12. BIRTHPLACE (city or town)  
(State or country) Jefferson Pa13. NAME Jefferson Fremont14. BIRTHPLACE (city or town)  
(State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Robt Anderson  
and (Address) Canton-O.18. BURIAL, CREMATION, OR REMOVAL  
Place Seward Pa Date 4-25 193019. UNDERTAKER Clark and Co.  
(Address)19a. Was body embalmed yes Embalmer's No. Seward-Pa 2492A20. FILED 4/24, 1930J. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930, 19

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 600 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:

Date of onset

Couflagration  
Ohio 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