

60103

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22061

## 1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1864  
 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 Charles B. StetsonDid Deceased serve in  
U. S. Navy or Army

(a) Residence. No. Lucas 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 White 5. Single, Married, Widowed,  
or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) May 21 - 1888

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Carpenter.

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) Marion, Ohio.  
(State or country)

13. NAME ~~Mrs. Clara Gordon~~  
Blaine Ave., Marion, Ohio.

14. BIRTHPLACE (city or town)  
(State or country) \_\_\_\_\_

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)  
(State or country) \_\_\_\_\_

The Signature of Mrs Cornell Stetson  
17. INFORMANT and (Address) Toledo Ohio

18. BURIAL, CREMATION, OR REMOVAL  
Place Toledo Ohio Date 4-25 1930

19. UNDERTAKER Mrs Cornell Stetson  
(Address) Toledo Ohio

19a. Was body embalmed yes Embalmer's No. 2492 A

20. FILED 4-25 1930 JW 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 h\_\_\_\_\_ 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

Conflagration  
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 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 Canon(Signed) Joseph A. Murphy M. D.(Address) 1454 Mt Vernon av