

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

22902

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 1700

Township _____

Primary Registration District No. 6187

Registered No. _____

or Village _____

No. Ohio Penitentiary

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 Charles D. Shelman

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. Defiance 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) Divorced

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

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

7. AGE 52 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. Laborer
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) unknown
(State or country) _____

FATHER 13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT The Signature of Ohio Pen Records
and (Address) Cols-0.

18. BURIAL, CREMATION, OR REMOVAL Place Buller Indian Date 4-24-30

19. UNDERTAKER H. G. Johnson
(Address) Buller Indian

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

20. FILED 4/24 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 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 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