

61079

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22827

Township

Primary Registration District No. 6187Registered No. 1025

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

2 FULL NAME Charles Everspaugh

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. _____

St. _____ Ward _____

Licking Co. Ohio

(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)

Widower

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1897

7. AGE

Years

Months

Days

If LESS than

1 day, hrs. _____
or min. _____32

OCCUPATION

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

Farmer

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) Jackson County, O.
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME (Mrs.) Jennie Everspaugh16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
The Signature of Ohio R. Recorder
and (Address) 206 E

18. BURIAL, CREMATION, OR REMOVAL

Place Madison Hill Cem. 4-25-30

19. UNDERTAKER

(Address) 1017 W. 2492 A.19a. Was body embalmed yes Embalmer's No. 2492 A.20. FILED 4/23 1930Registrar. J. W. Plegan

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 6 Pm.

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 Nutterson av