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

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 23008

Township

Primary Registration District No. 8187
Ohio Pen.

Registered No. 1807

or Village

No. _____ 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 Foster

Did Deceased Serve in
U. S. Navy or Army
Summit County

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. 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 _____

6. DATE OF BIRTH (month, day, and year) 2-28-05

7. AGE 25 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. Drug Clerk Akron
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) Akron, Ohio
(State or country)

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

The Signature of Informant Ohio Rev Records
17. INFORMANT and (Address) Cols - Ohio

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

19. UNDERTAKER State of J. Laird
(Address) 1028 Beardsley St Akron Ohio

19a. Was body embalmed? yes Embalmer's Name Whegan

20. FILED 4/24 1930 Registrar Whegan

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 6 P m.

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

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?

so, specify _____
(Signed) Joseph A Murphy M. D.
(Address) 1450 Mt Vernon Ave