

61718

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. 23991  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1790  
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 G. Ford Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. Stark, Co., O. St., \_\_\_\_\_ Ward. Stark 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) Married

5a. If married, widowed, or divorced  
HUSBAND of Emma Ford  
(or) Wife

6. DATE OF BIRTH (month, day, and year) Aug 9-1895

7. AGE Years 34 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than  
1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 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. Obtained  
10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_ 11. Total time (years)  
spent in this  
occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Winamac,  
(State or country) Ind.

MOTHER FATHER 13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Ohio Pen  
and (Address) Col. O.

18. BURIAL, CREMATION, OR REMOVAL  
Place Canton Ohio Date 4-25-30

19. UNDERTAKER Hiller met Co - Canton - O  
(Address) \_\_\_\_\_

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

20. FILED 4-24-30 J. W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 6 PM m.

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

Date of onset

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 Crown

(Signed) Joseph A. Murphy M. D.

(Address) 1452 Mt Vernon av