

61531

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22939
 Township _____ Primary Registration District No. 8187 Registered No. 1737
 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 Poulin Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. _____ St. _____ Ward Wood
 (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 Mrs. Charles Poulin
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1899

7. AGE Years 30 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. Auto mechanic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1673
 10. Date deceased last worked at this occupation (month and year) _____ M. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Toledo, 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)

17. INFORMANT Ohio Pen Records
 and (Address) Asst. Reg.

18. BURIAL, CREMATION, OR REMOVAL
 Place Toledo, Ohio Date April 20, 1930

19. UNDERTAKER Acter Funeral Home - Toledo
 (Address)

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

20. FILED 4/24 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 6 p.m.

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

180
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 West Venice Ave