

56355

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23037

Township

Primary Registration District No. 8187Registered No. 1836

or Village

No. Ohio Penitentiary

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 S. DayDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Cuyahoga Co.

St. _____ Ward _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) unknown

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.40

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Machinist9. 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
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. The Signature of
INFORMANT
and (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cem Date 4-26-3019. UNDERTAKER
(Address)19a. Was body embalmed Yes Embalmer's No. Colo 0249220. FILED 4-25-30 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

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) 1452 Mt Vernon St