

60180

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

22943

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 1742
Township _____ Primary Registration District No. 8187 Registered No. 1742
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 Chas Hall, alias Chas Health

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Hancock Co. 0 St. _____ Ward. Waverly, 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 Blanche Hall
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 25 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. Welder
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) Washington Ohio
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Washington Ohio
(State or country)17. The Signature of Informant Schoedinger W
and (Address) Wls-0

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cen Date 4-25 193019. UNDERTAKER Schoedinger W
(Address)19a. Was body embalmed yes Embalmer's No. 2492 H20. FILED 4/24 1930 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 him alive on _____, 19____, death is said to have occurred on the date stated above at 6 P M m.

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 West 1st St. Waverly Ohio