

51107

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23007  
Township \_\_\_\_\_ Primary Registration District No. 8197 Registered No. 1806  
or Village \_\_\_\_\_ No. Ohio Penitentiary St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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 C. J. Murray Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. Lucas, Co., O. St., \_\_\_\_\_ Ward. Lucas 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 \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

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

7. AGE Years 45 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as Pipefitter  
9. Industry or business in which work was done, as Unknown  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Unknown  
(State or country)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Ohio Penitentiary  
and (Address) Cols 0

18. BURIAL, CREMATION, OR REMOVAL  
Place Trenton, N.J. Date 4-25 1930

19. UNDERTAKER J. Allen Hoopes  
(Address) Trenton, N.J.

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

20. 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.

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

Emphysema ab. O.P.

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) 1456 Mt Vernon