

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

61333

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 58230

Township.....

Primary Registration District No. 6167

Registered No. 1829

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 Sunkle

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Henry Co., 0 St., ..... Ward.

(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) Aug 28, 1907

7. AGE Years Months Days If LESS than 1 day, .... hrs. or .... min.  
22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Mechanic  
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) 7/13/18  
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Napoleon, 0  
(State or country)

FATHER 13. NAME Chas Sunkle

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

MOTHER 15. MAIDEN NAME Lena Sunkle

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

17. INFORMANT The Signature of Guy G. Boyer  
and (Address) Napoleon - 0

18. BURIAL, CREMATION, OR REMOVAL Place Napoleon 0 Date 4-25-1930

19. UNDERTAKER Boyer Son  
(Address) Napoleon 0

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

20. FILED 4/25, 1930 JW 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 6, 18 18 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:

Cerebral hemorrhage  
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 Coroner

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave