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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 33026
Township _____ Primary Registration District No. 8167 Registered No. 1825
or Village _____ No. Ohio Pen. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus

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 Cleve Orel Taylor

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____ St. _____ Ward _____ Hancock 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) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1888

7. AGE 41 Years 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. R.R. Switchman
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) Lima, Ohio
(State or country)

MOTHER FATHER 13. NAME unknown

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

15. MAIDEN NAME (Mrs.) Emma J. Taylor

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

The Signature of Perry Miles
17. INFORMANT and (Address) 7uidlay - O.

18. BURIAL, CREMATION, OR REMOVAL
Place 7uidlay - O. Date 4-24 1930

19. UNDERTAKER Perry Miles - 7uidlay - O
(Address)

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

20. FILED 4/24 1930 J. 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:

Date of onset

Double pneumonia
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 fol-
lowing:

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