

60553

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. 22876
Township _____ Primary Registration District No. 8187 Registered No. 1674
or Village _____ No. _____ 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

Dave Davis Did Deceased Serve in
Cuyahoga Co., O U. S. Navy or Army
(a) Residence. No. _____ St. _____ Ward. Cuyahoga 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) Single

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

6. DATE OF BIRTH (month, day, and year) Mar 3, 1899

7. AGE Years 38 Months 31 Days _____ If LESS than
1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Motion picture
operator
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) Cleveland, Ohio
(State or country)

MOTHER FATHER 13. NAME Miriam
14. BIRTHPLACE (city or town) _____
(State or country)
15. MAIDEN NAME Esther Davis
16. BIRTHPLACE (city or town) Miriam
(State or country)

17. INFORMANT D. P. Richards
and (Address) Cds O

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Date Apr 24 1930

19. UNDERTAKER J. D. Delitach co
(Address) Cleveland 24924

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4-23 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 _____

Coplagration
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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave