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DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Fraudlin

Registration District No. 392

File No. 23101

Township

Primary Registration District No. 8187

Registered No. 1904

or Village

No. Ohio Pen

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 death occurred yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

2 FULL NAME

Earl Graft

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

St., _____ Ward

Cleveland - O.
(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

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

41

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

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

18

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

Ohio

MOTHER FATHER

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

15. MAIDEN NAME

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

17. INFORMANT
The Signature of
and (Address)

Ohio Pen Records
Cols - O

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Ohio Date 4-26 1930

19. UNDERTAKER

Ohio Pen - Cols - O.

19a. Was body embalmed

Yes Embalmer's No. 2492 A.

20. FILED

4/26, 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1930

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 _____ m.

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

Date of onset

Conflagration 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) 1450 2nd Vernon av