

60148

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22864

Township.....

Primary Registration District No. 8187Registered No. 1662

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..... da.

2 FULL NAME Ed. Smith

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Athens Co.St., Ward. Athens 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

White5. Single, Married, Widowed,
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSingle6. DATE OF BIRTH (month, day, and year) May 9, 1897

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.33

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Miner9. 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
occupation12. BIRTHPLACE (city or town)
(State or country)Halgare Ky

MOTHER FATHER

13. NAME

Wm Smith14. BIRTHPLACE (city or town)
(State or country)Ohio

15. MAIDEN NAME

Frank16. BIRTHPLACE (city or town)
(State or country)Ohio17. INFORMANT
The Signature of
and (Address)Open Registry
Columbus18. BURIAL INFORMATION, OR REMOVAL
PlaceColumbus O.

Date

Apr 25 193019. UNDERTAKER
(Address)C. F. Wallace
Columbus O. 2492A.19a. Was body embalmed? Yes Embalmer's No. 2492A.20. FILED 4/23 1930J. W. 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.....m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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. Coroner(Address) 1452 Mt Vernon Ave