

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22953

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8187

Registered No. 1752

or Village

No. Ohio Penitentiary

St. \_\_\_\_\_ Ward \_\_\_\_\_

or City of Columbus, Ohio

(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 1 yrs 10 mos \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

2 FULL NAME Edward Axe

Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

Mercer County

(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, year) Dec. 7, 1895

7. AGE Years 34 Months 5 Days 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) \_\_\_\_\_ (State or country) \_\_\_\_\_

MOTHER FATHER 13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT The Signature of Ohio Penitentiary  
and (Address) Columbus, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Date 4-25-1930

19. UNDERTAKER W. E. Goder  
(Address) St Mary's

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

20. FILED 4/24, 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930, 19 \_\_\_\_\_

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 6.00 PM

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

Confusion  
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 \_\_\_\_\_

(Signed) Joseph A. Murphy M. D.

(Address) 1454 Mt Vernon