

59323

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

22904

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1702

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.

ds.

2 FULL NAME Edward MeadowsDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Mercer Co., O.Mercer Co., O.

St., _____

Ward. _____

Mercer Co., O.

(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)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

May-13-1876

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.Baker9. 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)Kansas City MO

13. NAME

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME (Mrs.) Irene Meadows16. 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 Kansas City MO Date Apr 24 1938

19. UNDERTAKER

2608 Thompson St.
Kansas City MO 28924

19a. Was body embalmed

20. FILED

4/24 8, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-50, 19

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 6 P.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)

(Address)

Joseph A. Murphy
1410 net random av

M. D.