

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

22998

*No Serial No*

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 22998  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1797  
or Village \_\_\_\_\_ No. \_\_\_\_\_ Ohio Penitentiary Hospital 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 Edward Wills Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. Ohio Penitentiary St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Unknown</u>		
6. DATE OF BIRTH (month, day, and year) <u>1898</u>		
7. AGE Years <u>32</u>	Months	Days
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Mechanic</u>		
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) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>		
17. INFORMANT <u>Ohio Penitentiary Records</u> and (Address) <u>Cols 10</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cleveland, OH</u> Date <u>April 24, 1930</u>		
19. UNDERTAKER <u>The Shaw-Davis Company</u> (Address)		
19a. Was body embalmed <u>Yes</u> Embalmer's No. <u>2406*A</u>		
20. FILED <u>4/24, 1930</u> <u>J. W. Keegan</u> Registrar. <u>D. N. Davis</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) April 23, 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  
Complication of O.P.

CONTRIBUTORY CAUSES of importance not related to principal cause:  
Broncho Pneumonia

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 Nut View Ave