

60262

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22855

Township

Primary Registration District No. 8187Registered No. 1653

or Village

No. Ohio Penitentiary 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 Eugene BeachDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Hamilton, Co., O. St. _____ Ward _____
 (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)Married

3a. If married, widowed, or divorced

Wife of
HUSBAND of
(or) Mrs. Mary Beach6. DATE OF BIRTH (month, day, and year) May 1, 1904

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.25

OCCUPATION

8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Printer9. 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)Hamilton, Ohio

MOTHER

13. NAME

Joe Beach14. BIRTHPLACE (city or town)
(State or country)Ky

15. MAIDEN NAME

Mary Cunningham16. BIRTHPLACE (city or town)
(State or country)Ky17. The Signature of
INFORMANT and (Address)Joe Beach
Covington, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Covington Ky Date Apr 24 193019. UNDERTAKER
(Address)Joe Beach
Covington, Ky19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/23 1930J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 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 Mt Vernon av