

58008

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22973

Township

Primary Registration District No. 8187Registered No. 1772

or Village

No. Ohio Pen.

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 Faye Taylor

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Known as husband No 3Ward. Rihland Co.

(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) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 23 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1019 180
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Unknown
(State or country)13. NAME Charles A Taylor14. BIRTHPLACE (city or town) Highland Co Ohio
(State or country)15. MAIDEN NAME Fannie Merdock16. BIRTHPLACE (city or town) Highland Co Ohio
(State or country)17. INFORMANT Ralph Rood
The Signature of _____ and (Address) 402 Lyndon Ave
Greenfield, O.18. BURIAL, CREMATION, OR REMOVAL
Place Peterzburgo Date 4-23 193019. UNDERTAKER J. J. Murray
(Address) Greenfield, Ohio 2492 A19a. Was body embalmed? yes Embalmer's No. _____20. FILED 4/24 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 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 P.m.

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

Complication
due to pneumonia

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) 1450 Mt Vernon Av.