

01002

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

23096

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1896
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. Now long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Floyd Farris Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Franklin, 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 White 5. Single, Married, Widowed, or Divorced (write the word) Single
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Dec. 31, 1903
7. AGE Years 26 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. Barber
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) Litchfield, (State or country) Ohio.

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 Pen Records and (Address) Cols - 0.

18. BURIAL, CREMATION, OR REMOVAL Place Edt Lawn Date 4-26 1930

19. UNDERTAKER State Burial Co. (Address) _____

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

20. FILED 4/26 1930 Wheegan 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:

Influenza
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) 1450 Mt Vernon av