

60907

 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 60907

Township

Primary Registration District No. 8187Registered No. 1831

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

Floyd Hosier

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Freble Co, O

St., \_\_\_\_\_

Ward. \_\_\_\_\_

Freble Co, O

(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 ofBertha Hosier

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

Oct 7, 1899

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.30

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as *spinner,*  
*sawyer, bookkeeper, etc.*Machinist9. 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)

Richmond, Ind

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  
and (Address)Ohio Pen Records  
Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Ind Date 4-26-30

19. UNDERTAKER

(Address)

Stegall Funeral Home  
Richmond, Indiana

19a. Was body embalmed

Embalmer's No. 24924

20. FILED

4-26-30J. W. Tegan  
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 \_\_\_\_\_

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

Date of onset

180  
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) Joseph G. Murphy

M. D.

(Address) 1450 Mt Vernon