

60572

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

23082

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1582

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 Frank TimblinDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Clark, 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)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

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

Feb. 2, 1902

7. AGE

Years

Months

Days

If LESS than

281 day, ___ hrs.
or ___ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Mechanic9. 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)

Youngstown,

(State or country)

Ohio

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

(Mrs.) Florian Ernst,

16. BIRTHPLACE (city or town)

(State or country)

17. The Signature of
INFORMANT
and (Address)Ohio Pen Records
Columbus, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Not knownDate 4-26-30

19. UNDERTAKER

(Address)

O'Shaughnessy & Co
2492A Ohio

19a. Was body embalmed

yes

Embalmer's No.

2492A Ohio

20. FILED

7/25

19

30J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12-30, 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

190
Congestion
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)

(Address)

Chronic
Joseph A. Murphy
1450 Mt Vernon

M. D.