

61369

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22963

Township

Primary Registration District No. 8187 Registered No. 1762

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 Zane Sams

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Marion, Co., O.

St., _____ Ward _____

Marion, O. Ohio
(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 of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.34

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer9. 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)Brownsville, OhioMOTHER
FATHER

13. NAME

Obed Sams14. BIRTHPLACE (city or town)
(State or country)Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
The Signature of
and (Address)Ohio Pen
Cols

18. BURIAL, CREMATION, OR REMOVAL

Place Brownsville Date 4-25 1930

19. UNDERTAKER

(Address)

Walter Cooperider

19a. Was body embalmed

YesEmbalmer's No. 24921A

20. FILED

4/24, 1930J. W. Sams
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 6:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Couflagration at COPCONTRIBUTORY 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 no, specify

(Signed) Joseph A. Murphy(Address) 1450 Mt Vernon av

M. D.