

60673

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23061
Township _____ Primary Registration District No. 8187 Registered No. 1861
or Village _____ No. Ohio Pen. St. _____ Ward _____
(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

George Clark Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward. Stark Co - Ohio
(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 Mrs. Grace Clark
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar. 17, 1899

7. AGE 31 Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Steam shovel
operator
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) Nashville, Tenn.
(State or country)

MOTHER FATHER
13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)

The Signature of [Signature] Ohio Penitentiary
17. INFORMANT _____
and (Address) Cols - 5

18. BURIAL, CREMATION, OR REMOVAL
Place Canton Date 4.25 - 1930

19. UNDERTAKER The Rush & Miller Co.
(Address) Canton

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

20. FILED 4.25 19 30 J. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1930

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 pm.

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

Date of onset

18 Conflagration
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 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 A. Murphy Coroner M. D.

(Address) 1450 Mt Vernon av