

61358

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 83017

Township

Primary Registration District No. 8187 Registered No. 1816

or Village

No. Ohio Pen. 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. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME George Mullenix, Jr.Did Deceased Serve in
U. S. Navy or Army _____(a) Residence. No. _____ St., _____ Ward, Miami Co. O.
(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) Married3a. If married, widowed, or divorced
HUSBAND of Mrs. Eva Mullenix
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 25, 19007. AGE Years 29 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as *spinner, sawyer, bookkeeper, etc.* Cook
9. Industry or business in which
work was done, as *silk mill, saw mill, bank, etc.* unemployed
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation 18012. BIRTHPLACE (city or town) Piqua, Ohio.
(State or country)13. NAME Mullenix14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT Ohio Pen. Guards
and (Address) Cols - O.18. BURIAL, CREMATION, OR REMOVAL
Place Piqua O. Date 4-25 193619. UNDERTAKER J. C. Cron - Piqua - O.
(Address)19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/24, 1936 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 193622. 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 _____Couphagration
CholeraCONTRIBUTORY 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 M. D.(Address) 1450 Mt. Vernon Av