

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

22990

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 6187 Registered No. 1789
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 Phillips Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward Clinton 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 (use the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 8, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>31</u>	<u>42</u>	<u>11</u>	<u>13</u>

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

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) Vail, Iowa
(State or country) _____

MOTHER FATHER

13. NAME Albert C Phillips

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

15. MAIDEN NAME Anna Thoresen

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

The Signature of Informant Harry C. Phillips
and (Address) 1940 Simpson St - Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 4-25-30

19. UNDERTAKER Edw E. Fisher
(Address) _____

19a. Was body embalmed Yes Embalmer's No. Colo 0-2492A

20. FILED 4/24 1930 JW 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 h. _____ 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:

Conflagration
Phosphorus

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 following:
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