

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. 22836

Township

Primary Registration District No. 8187

Registered No. 1634

or Village Columbus  
or City of

No. Ohio Penitentiary 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 Gilbert Dawson

Did Deceased Serve in \_\_\_\_\_  
U.S. Navy or Army

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Cleveland - O  
(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 (or) WIFE of

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

7. AGE Years 29 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. 18  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) W Va

MOTHER FATHER 13. NAME Samuel Dawson

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

15. MAIDEN NAME Miranda Cross

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT The Signature of J. A. West and (Address) Raceland - Ky

18. BURIAL, CREMATION, OR REMOVAL Place Cuyahoga Falls 4/24/30

19. UNDERTAKER (Address) J. A. West - (address) Raceland - Ky

19a. Was body embalmed yes Embalmer's No. 249217

20. FILED 4-23 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21, 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 \_\_\_\_\_ m.

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

Conflagration of OP

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 Coroner  
(Signed) Joseph A. Murphy M. D.  
(Address) 1450 Mt Vernon Dr