

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23070
 Township..... Primary Registration District No. 8187 Registered No. 1870
 or Village..... No. Ohio Res 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

Guy Mullerix Did Deceased Serve in
 (a) Residence. No. St., Ward. Highland 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 (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. none
 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) (State or country) Highland Co. Ohio

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT The Signature of Mr Satterfield and (Address) Hillsboro - O.

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

19. UNDERTAKER Mr Satterfield - Hillsboro (Address)

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

20. FILED 4/25 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 h..... 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: Date of onset

Conflagration of

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 Cancer

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave