

**DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
 County Franklin Registration District No. 392 File No. 22872  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1604  
 or Village \_\_\_\_\_ No. this Penitentiary 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 Harry Smith Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
 (a) Residence. No. \_\_\_\_\_ (Usual place of abode) \_\_\_\_\_ Ward \_\_\_\_\_ (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) Single  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) unknown  
 7. AGE Years 37 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. Measuring  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no  
 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) Anglaize C. O.  
 MOTHER 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 17. INFORMANT The Signature of Ohio Pen Records  
 and (Address) Columbus, Ohio  
 18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Date Apr 23-30  
 19. UNDERTAKER R. E. Joder St. Marys, Ohio  
 (Address) \_\_\_\_\_  
 19a. Was body embalmed yes Embalmer's No. 2492A  
 20. FILED 4/23, 1930 J. W. Kagan 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: Complication of O. P. Date of onset \_\_\_\_\_  
 180  
 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 G. Murphy M. D. Corona  
 (Address) 1450 Mt Vernon