

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Franklin Registration District No. 592 File No. 20081  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1830  
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 Joe Sweet Did Deceased Serve in  
U. S. Navy or Army  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Hamilton Co. Q.  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed,  
or Divorced (write the word)  
Separated

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

6. DATE OF BIRTH (month, day, and year) Mar. 8, 1893

7. AGE 37 Years 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.* Laborer  
9. Industry or business in which  
work was done, as *silk mill,*  
*saw mill, bank, etc.* Unknown  
10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_ 11. Total time (years)  
spent in this  
occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Many, La.  
(State or country)

MOTHER FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Ohio Pen Records  
and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL  
Place Evergreen Ceme 4-26-1930

19. UNDERTAKER U. W. Hutcheson & Son  
(Address) Calumet, O.

19a. Was body embalmed? Yes Embalmer's No. 2492

20. FILED 4-23-30 J. W. 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:

180  
Constitutional  
Chronic pulmonary

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 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