

57063

 STATE OF OHIO
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

22916

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187 Registered No. 1714

or Village

No. Ohio Penitentiary 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 John CiscoDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Cuyahoga, Co., O. St. _____ Ward _____
(Usual place of abode)

(If non-resident 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 of6. DATE OF BIRTH (month, day, and year) Unknown
 7. AGE Years 30 Months _____ Days _____ If LESS than
1 day, _____ hrs.
or _____ min.

 8. Trade, profession, or particular
kind of work done, as *spinner,*
sawyer, bookkeeper, etc.
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)
Truck driver11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) _____
(State or country) _____

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 - O.18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland O. Date Apr 26 193619. UNDERTAKER Frank P. Misovic
(Address) Cleveland O.19a. Was body embalmed _____ Embalmer's No. 2492A.20. FILED 4/24, 1930 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30 1922. 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: _____ Date of onset _____Conglutination
Ohio PenitentiaryCONTRIBUTORY 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 West Vernon Ave