

51168

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22925

Township

Primary Registration District No. 8187Registered No. 1723

or Village

No. Ohio 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

John Eckler

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. _____

Columbiana Co. St. 0

Ward. _____

Columbiana Co., O

(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE

Years 41

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.*Laborer9. 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
occupation12. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) unknown17. INFORMANT
and (Address) Ohio Pen Records
Columbiana Co.18. BURIAL, CREMATION, OR REMOVAL
Place Wellsboro Date 4-23-3019. UNDERTAKER
(Address) John Eckler (father)
Wellsboro Ohio19a. Was body embalmed? Yes Embalmer's No. 2492H20. FILED 9/24 1930 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

4-21-30

21. DATE OF DEATH (month, day, and year) _____, 19____

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:

Date of onset

conflagration
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 Mt Vernon Ave