

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23 107-A  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1908  
or Village \_\_\_\_\_ No. Ohio Pen 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 \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME Joe Stoner Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cleveland - 0  
(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 26 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. of \_\_\_\_\_ 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) W. Austria

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

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

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

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

17. The Signature of Informant Harry J. maker and (Address) 12019 Woodland av. - Cleveland

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Date 4-26-30

19. UNDERTAKER Harry J. maker - Cleveland

19a. Was body embalmed yes Embalmer's No. 02492A

20. FILED 4/26-1930 JW Keegan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 4/26, 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: Emphysema of CP Date of onset \_\_\_\_\_

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 A. Murphy M. D.  
(Address) 1450 Mt Vernon av