

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. 23020  
 Township \_\_\_\_\_ Primary Registration District No. 878 Registered No. 1819  
 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME Kenneth L. Crouch

Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Salem, Ohio  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 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 24 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. 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) Salem, Ohio

FATHER 13. NAME Jefferson L. Crouch

14. BIRTHPLACE (city or town) (State or country) Mercer Co Pa.

MOTHER 15. MAIDEN NAME Margaret Reddington

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT The Signature of Ralph E. Crouch and (Address) 434 W. State St. Salem Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Salem, Ohio Date 4-25-30

19. UNDERTAKER Robaugh and Co Salem O (Address)

19a. Was body embalmed yes Embalmer's No. 2492A

20. FILED 4/24-1-30 J. J. Keegan 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 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:

Conflagration at O.P.  
80

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 2nd Avenue Wm