

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

39489

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23014
 Township _____ Primary Registration District No. 8187 Registered No. 1813
 or Village _____ No. Ohio Pen St., _____ Ward _____
 or City of Cpls (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

Mark Talley Did Deceased Serve in U. S. Navy or Army Franklin Co.
 (a) Residence, No. _____ St., _____ Ward _____
 (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) Single

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

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 29 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) Tenn

MOTHER FATHER 13. NAME Henry Talley

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

15. MAIDEN NAME Betty Vanley

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

17. INFORMANT The Signature of Henry Talley and (Address) 851 Chase av Cpls - O

18. BURIAL, CREMATION, OR REMOVAL Place Union Cem Date 4-25 1930

19. UNDERTAKER Whittaker and Co - Cpls - O (Address) _____

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

20. FILED 4/24 1930 JW 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 of OP

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) 1400 Mt Vernon Ave