

60193

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. 22843

Township

Primary Registration District No. 8187

Registered No. 1641

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 Nichols, Maynard

Did Deceased Serve in
U. S. Navy or Army
Portage Ohio

(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 White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Doris Nichols,
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6, 1906

7. AGE Years 23 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. Cook 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) Jackson, Mich.
(State or country)

FATHER 13. NAME Wm. J. Nichols

14. BIRTHPLACE (city or town) Wm. J. Nichols
(State or country)

MOTHER 15. MAIDEN NAME Wm. J. Nichols

16. BIRTHPLACE (city or town) Wm. J. Nichols
(State or country)

17. The Signature of Informant D. P. Reardon
and (Address) Colo Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's O. Date Apr 23 1930

19. UNDERTAKER The Bellwood Funeral Co.
(Address) St. Mary's O.

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

20. FILED 4-23-30 D. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21 1930

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 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Complication
Ohio Penitentiary

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