

07727

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Fraunthun Registration District No. 392 File No. 23105
Township _____ Primary Registration District No. 8187 Registered No. 1905
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 Merle Ernest Did Deceased Serve in _____
(a) Residence. No. Merle Ernest St. _____ Ward. Hamilton C-0
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced *write the word <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>				
7. AGE	Years <u>32</u>	Months	Days	If LESS than 1 day, _____ hra. or _____ min.
OCCUPATION	8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>180</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Murray Ky</u>				
MOTHER	13. NAME			
	14. BIRTHPLACE (city or town) (State or country)			
	15. MAIDEN NAME			
	16. BIRTHPLACE (city or town) (State or country)			
17. INFORMANT The Signature of <u>Ohio Pen Records</u> and (Address) <u>Cols-Ohio</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Not Calvary Cem</u> Date <u>4-26-30</u>				
19. UNDERTAKER <u>O'Shaughnessy Co.</u>				
19a. Was body embalmed <u>yes</u> Embalmer's No. <u>Cols-0-2492A</u>				
20. FILED <u>4-26-30</u> <u>J.W. Keegan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<u>4/21-1930</u>
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:	
<u>Compensation of OP</u>	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? <u>yes</u>	
If so, specify _____	
(Signed) <u>Joseph A. Murphy</u>	M. D.
(Address) <u>1422 Mt Vernon av</u>	