

61675

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22881

Township

Primary Registration District No. 8187 Registered No. 1679

or Village

No. Ohio Penitentiary 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 Nicholas ReichDid Deceased Serve in  
U. S. Navy or Army(a) Residence. No. Stark, Co., O.

St., \_\_\_\_\_ Ward \_\_\_\_\_

Stark Co. Ohio  
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Married</b>
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5a. If married, widowed, or divorced  
HUSBAND of  
Edna Reich6. DATE OF BIRTH (month, day, and year) Aug. 30, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<b>33</b>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>Laborer</b>
	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	<u>7 69 / 18</u>

12. BIRTHPLACE (city or town) Canton,  
(State or country) Ohio.

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Edna Reich  
and (Address) Canton Ohio18. BURIAL, CREMATION, OR REMOVAL  
Place Canty Date app 34 3619. UNDERTAKER Brush & Miller Co  
(Address) Canton Ohio19a. Was body embalmed yes Embalmer's No. 255220. FILED 4/23 1930 J. Whelan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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:

Date of onset

Conflagration  
Ohio PenitentiaryCONTRIBUTORY 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 fol-  
lowing:

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 1st Vermont av