

61812

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

23003

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187 Registered No. 1802

or Village

No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)or City of Columbus,

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 Oscar O. D. KellDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Belmont, Co., O. St. _____ Ward _____Belmont Ohio
(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) Married5a. If married, widowed, or divorced op.
HUSBAND of Mrs. Ivo Kell
(~~XXXXXX~~)6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years Months Days If LESS than
27 1 day, _____ hrs.
or _____ min.OCCUPATION 8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which
work was done, as silk mill
saw mill, bank, etc. 180
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Blue Ridge,
(State or country) Georgia.13. NAME Andrew Kell14. BIRTHPLACE (city or town) Georgia
(State or country)15. MAIDEN NAME Roxie Luy16. BIRTHPLACE (city or town) Georgia
(State or country)17. INFORMANT Mr. Prailly
and (Address) Bellaire Ohio18. BURIAL, CREMATION, OR REMOVAL
Place: Bellaire O. Date 4-25 193019. UNDERTAKER Mr. Prailly - Bellaire
(Address) City19a. Was body embalmed? Yes Embalmer's No. 2492FO.20. FILED 4/24 1930 J. V. Keegan
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 h. _____ 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:Coronary
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 Coroner(Signed) Joseph A. Murphy M. D.(Address) 1450 Mt Vernon Ave