

57684

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

22093

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. _____

Township _____

Primary Registration District No. 8187

Registered No. 1893

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 Paul Bais

Did Deceased Serve in _____

H. S. Navy or Army _____

(a) Residence. No. _____

Cuyahoga Co., O.

Ward _____

Cuyahoga Co., O.

(Usual place of abode)

(If non-resident 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) Widower

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

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

7. AGE Years 55 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as laborer 9. Industry or business in which work was done, as 7567 10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation. 180

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER 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 Ohio Pen Records and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL Place St. Calvary Date 4-26-1930

19. UNDERTAKER O'Shaughnessy Co. (Address) Cols O 2492

19a. Was body embalmed yes Embalmer's No. _____

20. FILED 4/26 1930 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-24-30

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 _____.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: 180

180 Boyslograth
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) 1450 Nut Run