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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. 23068
Township..... Primary Registration District No. 8187 Registered No. 1868
or Village..... No. 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 Callin Did Deceased Serve in
U. S. Navy or Army
(a) Residence. No. St. Ward. Summit County, Ohio
(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) Single

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

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1900

7. AGE Years 29 Months Days IF LESS than 1 day, hrs. or min. 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Storeclerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME Mrs. Callin

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

15. MAIDEN NAME (Mrs) Mary Callin

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

The Signature of 17. INFORMANT Ruby Callin
and (Address) ashland - Ohio

18. BURIAL, CREMATION OR REMOVAL
Place ashland - O Date 4-25 1930

19. UNDERTAKER Janes Shaw
(Address) ashland - O

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

20. FILED 4-25 1930 JW 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:

Date of onset

Conflagration
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 Causes

(Signed) Joseph A. Murphy M. D.

(Address) 1450 West Yermoland Ave