

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. 22936
Township _____ Primary Registration District No. P187 Registered No. 1734
or Village _____ No. Ohio Pen. 8187 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 Gibson (Should be Ralph Gibson) Did deceased serve in _____
(a) Residence. No. Marion Co. O. St. _____ Ward _____ Marion Co. O.
(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) Unknown
7. AGE Years 32 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (city or town) (State or country) Marion O.

MOTHER FATHER
13. NAME Henry Gibson

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

15. MAIDEN NAME Nora Harrington

16. BIRTHPLACE (city or town) (State or country) Marionville O.

17. INFORMANT The Signature of Lotta Miller and (Address) 428 W State St

18. BURIAL, CREMATION, OR REMOVAL Place Marion O. Date 4-25-30

19. UNDERTAKER C. E. Curtis + Co. Marion O. (Address) Marion O.

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

20. FILED 4/24-1930 W. 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 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:

Conflagration
Obitu 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 Mt Vernon St