

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22931

1 PLACE OF DEATH
 County Franklin Registration District No. 392 File No. _____
 Township _____ Primary Registration District No. 8187 Registered No. 1729
 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, Ohio
 Length of residence in city or town where death occurred _____ yrs. 8 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2 FULL NAME Pearl Carman Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. Pike County St. _____ Ward. Pike ton, 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) Married

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

6. DATE OF BIRTH (month, day, and year) July 14, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>39</u>	<u>9</u>	<u>9</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

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) Franklin, Ohio

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 and (Address) cols - O

18. BURIAL, CREMATION, OR REMOVAL Place Pike ton Ohio Date 4-25-30

19. UNDERTAKER Mr. Freeman, Pike ton - O (Address) _____

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

20. FILED 4/24 1930 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 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 6:00 PM

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

Congestive heart failure
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 Mt Vernon Ave