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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22984

Township

Primary Registration District No. 8187 Registered No. 1783

or Village

No. Ohio Pen. 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 Pierre EdmondsDid Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

St. _____ Ward _____

Cuyahoga Co.

(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) Married5a. If married, widowed, or divorced
HUSBAND of Mrs. Daisy Edmonds
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Nov. 30, 18897. AGE Years 40 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as Tool maker spinner,
sawyer, bookkeeper, etc. 9. Industry or business in which
work was done, as silkworm silk mill,
saw mill, bank, etc. 10. Date deceased last worked at
this occupation (month and year) 11. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town) Richmond, Ind.
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country)17. The Signature of Informant Ohio Pen. Records
and (Address) Cols - O.18. BURIAL, CREMATION, OR REMOVAL
Place Toledo, O. Date 4/25 193019. UNDERTAKER The Schoedinger Co.
(Address)19a. Was body embalmed yes Embalmer's No. Cols - O. 2492420. FILED 4/24 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 193022. 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:

Date of onset

conflagration
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 _____

(Signed) Joseph A. Murphy M. D.(Address) 1402 1st version av