

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22999

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1798
or Village Columbus No. Ohio Pen St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
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 Pietro Cafarelli Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward Ravenna - 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) married
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE Years 40 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, months, and days) spent in this occupation. 80
12. BIRTHPLACE (city or town) (State or country) Italy
13. NAME _____
14. BIRTHPLACE (city or town) (State or country) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) (State or country) _____
17. INFORMANT Ohio Pen Records
and (Address) Colo - C
18. BURIAL, CREMATION, OR REMOVAL
Place Ravenna O. Date 4-25-30
19. UNDERTAKER The Shaw Davis Co
(Address) _____
19a. Was body embalmed yes Embalmer's No. 24519 O.
20. FILED 4/24-30 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30
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 O P
Date of onset _____
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 av