

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.

22955

Township

Primary Registration District No.

8187

Registered No.

1754

or Village

No.

Ohio Ave

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

Ray Coatoam

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

St.

Ward

Cleveland 0

(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)

Widowed

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

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

unknown

7. AGE

Years *23*

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.

Laborer

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

1969

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)

Ohio

FATHER 13. NAME

Robert Coatoam

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

Pa

MOTHER 15. MAIDEN NAME

Frances Jayluskis

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

Palau

17. The Signature of INFORMANT and (Address)

Frances Coatoam 2181 Professor St

18. BURIAL, CREMATION, OR REMOVAL

Cleveland 0

Place

Cleveland

Date

4-24-1936

19. UNDERTAKER (Address)

Stockmeister and Rusinek

19a. Was body embalmed

yes Embalmer's Name *Cleveland 0*

20. FILED

4/24

1930

JW Keegan Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr 21, 1936

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 m.

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

Conflagration Ohio Ave

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*