

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. 23015
 Township _____ Primary Registration District No. 8187 Registered No. 1814
 or Village _____ No. Ohio Pen 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. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Raymond Mcabier Did Deceased Serve in _____
 (a) Residence. No. _____ St., _____ Ward Carroll 6-0
 (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) Divorced

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

6. DATE OF BIRTH (month, day, and year) not

7. AGE Years 26 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. 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) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT The Signature of Ohio Pen Records and (Address) Columbus

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

19. UNDERTAKER Mc Sweeney & Sons 249 2A (Address) Steuersville, O.

19a. Was body embalmed yes Embalmer's No. _____

20. FILED 4/24, 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1936

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:

180 Conflagration O.P.

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) 1422 Mt Vernon Dr