

60218

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22951

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1758

or Village

No. Ohio Pen.St. Wardor 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 Red CliffordDid Deceased Serve in  
U. S. Navy or Army

(a) Residence, No.

St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMrs. Margaret Clifford

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

Dec. 13, 1892

7. AGE

Years 38

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.Farmer9. 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)

Arkansas

(State or country)

FATHER

13. NAME

John Clifford

14. BIRTHPLACE (city or town)

(State or country)

Ohio

MOTHER

15. MAIDEN NAME

Jennie Franklin

16. BIRTHPLACE (city or town)

(State or country)

Ky17. INFORMANT  
The Signature of  
and (Address)Henry Clifford  
Portsmouth, O.

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth, O.Date 4-25-1930

19. UNDERTAKER

(Address)

Geo Pfeifer - Portsmouth

19a. Was body embalmed

yes

Embalmer's No.

2492 R.

20. FILED

4/24/30J. W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Apr. 21, 1930

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 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)

(Address)

Joseph A. Murphy  
1450 Nat. Roman Rd

M. D.