

59821

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. 22833

Township

Primary Registration District No. F187

Registered No. 1631

or Village

No. Ohio Penitentiary

St., Ward

or City of Columbus, Ohio

(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 2 yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Robert Garbry

Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. Piqua, Ohio

St., Ward

Miami County

(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) Single

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

6. DATE OF BIRTH (month, day, and year) Sept. 7, 1904

7. AGE Years 25 Months 7 Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 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) Piqua Ohio

MOTHER FATHER 13. NAME

14. BIRTHPLACE (city or town) Oscar N. Garbry
117 Vine St., Piqua, Ohio

MOTHER 15. MAIDEN NAME

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

17. INFORMANT The Signature of J. P. Records and (Address) Cts - Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Piqua Date Apr 24 1930

19. UNDERTAKER (Address) 2492 A.

19a. Was body embalmed Yes Embalmer's No. 2492 A.

20. FILED 4-23 1930 J. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at 6.00 PM

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

Complication
Ohio Penitentiary

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) 7450 net Union Ave