

55849

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22889

Township

Primary Registration District No. 8187Registered No. 1687

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

2 FULL NAME Russell GoodDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

St. _____ Ward _____

Van Wert Co.

(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 of6. DATE OF BIRTH (month, day, and year) July 26, 1900

7. AGE Years 29 Months _____ Days _____
If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Rushmore, Ohio
(State or country)13. NAME Mr. Russell Good
14. BIRTHPLACE (city or town) Rushmore
(State or country)15. MAIDEN NAME Mrs. Maude Jesse16. BIRTHPLACE (city or town) Rushmore
(State or country)17. INFORMANT Chas. P. Woods
The Signature of _____ and (Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Delphos Date 4-23-3019. UNDERTAKER Hester & Brennan
(Address) Delphos19a. Was body embalmed? Yes Embalmer's No. 2492A20. FILED 4/23 1930 gwtcogan
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 h. 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:

Conflagration
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) 1456 Mt Vernon av