

57581

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22919
777

Township

Primary Registration District No. 8187
Ohio PenitentiaryRegistered No. 1717or Village ColumbusNo. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of

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 Sam BatesDid Deceased Serve in
U.S. Navy or Army(a) Residence. No. Champaign Co., St. O Ward _____
(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) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 12, 18227. AGE Years 37 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
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)12. BIRTHPLACE (city or town) Ohio
(State or country)13. NAME Joel Bates14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Ohio Pub Records
and (Address) Cols-018. BURIAL, CREMATION, OR REMOVAL
Place Urbana O Date 4-25 193019. UNDERTAKER BC Gardner
(Address) Urbana, O19a. Was body embalmed no Embalmer's No. 2492A20. FILED 4/23 1930 JW Keegan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30

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:

Date of onset

Contractor
out of
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 Crown(Signed) Joseph A Murphy M. D.(Address) 1450 W. Urbana