

59810

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

22817

1 PLACE OF DEATH

County FranklinRegistration District No. 592

File No.

Township

Primary Registration District No. 8187Registered No. 1615

or Village

No. Ohio Penitentiary

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 Sam Frazzell*(Correct name Oscar Frazzell)*Did Deceased Serve in
U. S. Navy or Army _____(a) Residence. No. Franklin, Co., O.

St. _____ Ward _____

(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)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Aug. 27, 1906

7. AGE

23

Years

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.*Laborer9. 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)

Columbus,

(State or country)

Ohio

MOTHER FATHER

13. NAME

Flora Frazzell

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Flora Frazzell

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT
The Signature of
and (Address)O. P. Reynolds
Colo Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Columbus,Date Apr 23 1930

19. UNDERTAKER

(Address)

Shaw-Davis Co.

19a. Was body embalmed

Yes Embalmer's No.Colo-02492A

20. FILED

4/23 1930Justeagan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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

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)

Joseph A. Murphy Crown
(Address) 1450 Mt Vernon av M. D.