

08174

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. 22975
Township _____ Primary Registration District No. 8187 Registered No. 1774
or Village _____ No. Ohio Pen. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 Sherman Arms Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward Meigs County
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			21. DATE OF DEATH (month, day, and year) <u>Apr. 21, 1930</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					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 <u>6 P. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>					The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset	
7. AGE <u>26</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	<u>Conflagration</u> <u>Ohio Penitentiary</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>4799/180</u>						
10. Date deceased last worked at this occupation (month and year)					CONTRIBUTORY CAUSES of importance not related to principal cause:	
11. Total time (years) spent in this occupation					Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME					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)	
14. BIRTHPLACE (city or town) (State or country)					Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME					Manner of injury _____	
16. BIRTHPLACE (city or town) (State or country)					Nature of injury _____	
17. The Signature of INFORMANT and (Address) <u>Ohio Penitentiary</u> <u>cos-0.</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Joseph A. Murphy</u> M. D. (Address) <u>1440 Mt Vernon Av</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sharon, Ohio</u> Date <u>4-25 1930</u>						
19. UNDERTAKER (Address) <u>40 Lefe Bradford</u> <u>Sharon, Ohio</u>						
19a. Was body embalmed. <u>yes</u> Embalmer's No. <u>24927</u>						
20. FILED <u>4/24 - 1930</u> <u>W. Keegan</u> Registrar.						