

61296

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. 22994

Township

Primary Registration District No. 8187

Registered No. 1793

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 Sherman Slawson

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Guyahoga Co.

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If non-resident, 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) Feb 16 - 1902

7. AGE Years 28 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. Structural Steel worker  
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, months, and days) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) unknown

MOTHER FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mrs. Sadie Slawson

16. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio

17. INFORMANT The Signature of Ohio Tax Records  
and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland, O Date 4-25-30

19. UNDERTAKER Sarah Slawson - 6103 Olive  
(Address) Cleveland, O.

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

20. FILED 4/24 1930 JW Keegan  
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 \_\_\_\_\_ m.

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

Congestive  
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) 1450 Mt Vernon av