

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. 23106
Township _____ Primary Registration District No. 8187 Registered No. 1906
or Village _____ No. Ohio Press St., _____ Ward _____
or City of Columbus, O (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 Stewart Emerick Did Deceased Serve in U. S. Navy or Army? _____
(a) Residence. No. _____ St., _____ Ward. Mahoning Co Ohio
(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 of _____
6. DATE OF BIRTH (month, day, and year) unknown
7. AGE Years 37 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. none
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) (State or country) Pa.

FATHER 13. NAME _____
14. BIRTHPLACE (city or town) (State or country) _____

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) (State or country) _____

17. The Signature of INFORMANT and (Address) Ohio Press Records Dept. Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Ohio Date 4-26-1930

19. UNDERTAKER (Address) State Journal

19a. Was body embalmed yes Embalmer's No. Colo-Ohio 2442A

20. FILED 4/26, 1930 J. W. Kegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21, 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 _____

Conflagration of O P

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 Ave