

60779

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

1 PLACE OF DEATH

County Franklin Registration District No. 592 File No. 22985
Township _____ Primary Registration District No. 8187 Registered No. 1785
or Village _____ No. Ohio Pen. 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 Theodore Angilan

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Did Deceased Serve in
U. S. Navy or Army _____
Hamilton County, O.
(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) May 8, 1908

7. AGE Years 21 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which
work was done, as silk mill
saw mill, bank, etc. 1613 80
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation. _____

12. BIRTHPLACE (city or town) Louisville, Ky.
(State or country)

FATHER 13. NAME Mr. Frank Angilan

14. BIRTHPLACE (city or town) _____
(State or country) Unknown

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT Ohio Pen
and (Address) Colo. J.

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

19. UNDERTAKER Bussie Bergman 6-6111
(Address)

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

20. FILED 4-24, 1930 J. W. 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 6 P m.

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

Date of onset

Conflagration
Cholera

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 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 M. D.

(Address) 1450 net normal av