

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. 22908
Township _____ Primary Registration District No. 8187 Registered No. 1706
or Village _____ No. Olus Penn 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 Thomas Dalby Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St., _____ Ward. Willsville, Pa
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. 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) Apr 1 - 1904
7. AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
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. _____
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Willsville (State or country) Pa.
13. NAME Miriam Dalby
14. BIRTHPLACE (city or town) Pa. (State or country) _____
15. MAIDEN NAME Belle Bebout
16. BIRTHPLACE (city or town) Pa. (State or country) _____
17. INFORMANT The Signature of Wm. Geo. W. Stebbins and (Address) 311 W. 23rd St. Lancaster
18. BURIAL, CREMATION, OR REMOVAL Place Willsville, Pa. Date 4-25 1930
19. UNDERTAKER Wm. Mrs. Chapman (Address) Willsville, Pa.
19a. Was body embalmed Yes Embalmer's No. 2492A
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 _____ m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Conflagration Date of onset _____
this term
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 Joseph A. Murphy M. D.
(Signed) _____
(Address) 450 Mt Vernon Ave