

81893

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
 County Franklin Registration District No. 392 File No. 22847
 Township _____ Primary Registration District No. 8187 Registered No. 1645
 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 Thomas Sherrick, Did Deceased Serve in
 U. S. Navy or Army _____
 (a) Residence. No. Clark, Co., O. St. _____ Ward _____
 (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) Married

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1908

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

OCCUPATION 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Tree Surgery
 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) Springfield, Ohio.
 (State or country)

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Mrs. Willie Sherrick

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

The Signature of
 17. INFORMANT Geo. J. Schaefer
 and (Address) Springfield - O

18. BURIAL, CREMATION, OR REMOVAL
 Place Springfield O. Date Apr 25, 1930

19. UNDERTAKER Thos J Schaefer
 (Address) Springfield Ohio 2492 A.

19a. Was body embalmed yes Embalmer's No. _____

20. FILED 4/23, 1930 J W Keegan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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

150
Conflagration
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 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 Crowder

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Nut Run Rd