

58740

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22825

Township.....

Primary Registration District No. 8187Registered No. 1023

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 William F. DouglasDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Athens Co.

St., Ward.

Athens Co. - Ohio
(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) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed6. DATE OF BIRTH (month, day, and year) Nov. 2, 18927. AGE Years Months Days If LESS than
37 1 day..... yrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer ✓
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. 18012. BIRTHPLACE (city or town) unknown
(State or country)13. NAME Eli Douglas, Clouster, O.14. BIRTHPLACE (city or town) Franklin
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Franklin
(State or country)17. INFORMANT J. P. Reed
and (Address) Cols - 018. BURIAL, CREMATION, OR REMOVAL
Place Clouster O. Date Apr 23 193019. UNDERTAKER E. F. Carpenter
(Address) Clouster Ohio 2492A19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/23 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
Ohio penitentiary

Date of onset

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 Cancer(Signed) Joseph A. Murphy M. D.(Address) 1450 Mt Vernon Av