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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22983

Township

Primary Registration District No. 8187Registered No. 1782

or Village

No.

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 FosterDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

St.

Ward.

Hamilton Co.

(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

Unknown

7. AGE

27

Years

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.Teamster9. 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
occupation12. BIRTHPLACE (city or town)
(State or country)Hamilton Co.Ohio

MOTHER FATHER

13. NAME

John Foster14. BIRTHPLACE (city or town)
(State or country)Mason Co - Ky

15. MAIDEN NAME

Elizabeth Price16. BIRTHPLACE (city or town)
(State or country)Ky17. INFORMANT
and (Address)Carl Foster
6817 Hillside av - Saylor Park18. BURIAL, CREMATION, OR REMOVAL
PlaceCincinnatiDate 4-25-3019. UNDERTAKER
(Address)Kenfro Funeral Service - Cincinnati

19a. Was body embalmed

yes Embalmer's No. 2492 A

20. FILED

4/24-1930JW 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 him 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
in penitentiaryCONTRIBUTORY 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)

(Address)

Joseph A Murphy
1452 Mt Vernon av
Coroner
M. D.