

61365

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

22960

## 1 PLACE OF DEATH

County FranklinRegistration District No. 292

File No.

Township

Primary Registration District No. 897Registered No. 1759

or Village

No. Ohio Penitentiary

St., Ward

or City of Columbus, Ohio

(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 5 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 2 FULL NAME

William GarrisonDid Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

Columbus, Ohio

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 17, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>27</u>		<u>3</u>	<u>4</u>	

OCCUPATION	8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Polisher</u>
	9. Industry or business in which work was done, as silk mill saw mill, bank, etc.	<u>Ohio Penitentiary</u>
	10. Date deceased last worked at this occupation (month and year)	<u>1929</u>
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Columbus  
(State or country) Ohio13. NAME Chas Garrison14. BIRTHPLACE (city or town) Georgetown O  
(State or country) Westches15. MAIDEN NAME Minnie Wallace16. BIRTHPLACE (city or town) 101 S. Dist St.  
(State or country) Columbus, Ohio17. The Signature of  
INFORMANT A J Held  
and (Address) Cols O18. BURIAL CREMATION, OR REMOVAL  
Place Greenlawn Date 4-25-3019. UNDERTAKER A J Held Co - Cols O  
(Address)19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/24 1930 J W Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1930, 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 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:

Date of onset

Asphyxiation  
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

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