

56072

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. 22940A  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 739  
or Village \_\_\_\_\_ No. Ohio Pen. 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 Willism Hickman Did Deceased Serve in  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ U. S. Navy or Army Q  
Cuyahoga Co. Q  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) unknown

7. AGE Years 32 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. laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 869  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) unknown  
(State or country) \_\_\_\_\_

FATHER  
13. NAME Ben Willerford  
14. BIRTHPLACE (city or town) Tenn  
(State or country) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME Lincy Polk  
16. BIRTHPLACE (city or town) Tenn  
(State or country) \_\_\_\_\_

17. INFORMANT Rebecca Fitzpatrick  
and (Address) Cleveland

18. BURIAL, CREMATION, OR REMOVAL  
Place Cleveland - O Date 4-25 1930

19. UNDERTAKER Rebecca Fitzpatrick  
(Address) 249 24th Cleveland

19a. Was body embalmed yes Embalmer's No. J. W. Keegan

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 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:

Congestion  
Chloroform

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 \_\_\_\_\_  
(Signed) Joseph A. Murphy M. D.  
(Address) 1450 Mt Vernon Ave