

59722

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 33706

Township

Primary Registration District No. 8187Registered No. 1805

or Village

No. Ohio Pen.St., Wardor 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 ReasterDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

St., Ward.Lucas County

(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) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar. 11, 1899 Toledo, Ohio

7. AGE Years 31 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. Carpenter
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) Toledo, Ohio
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME (Mrs) Carrie Reaster16. BIRTHPLACE (city or town)
(State or country)17. The Signature of
INFORMANT Ohio Pen Records
and (Address) Columbus - Ohio18. BURIAL, CREMATION, OR REMOVAL
Place Toledo Date 4-25-3019. UNDERTAKER Abelle Funeral Home
(Address) 1910 Cherry St Toledo 2492A19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/24, 1930 J. W. Kelly
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 saidto 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

180 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

(Signed) Joseph A. Murphy(Address) 1460 Mt Vernon av

M. D.