

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. 23893

Township _____

Primary Registration District No. 8187

Registered No. 1691

or Village _____

No. Old Penn.

St. _____

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 Sherman

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. _____ St. _____ Ward _____

(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 of _____

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years 35 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. _____ 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) (State or country) Virginia

MOTHER 13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT The Signature of Edith Collins and (Address) 900 N. 6th Richmond Va

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va Date Apr 24 1930

19. UNDERTAKER A. C. Smith (Address) 900 N. 6th Richmond Va

19a. Was body embalmed Yes Embalmer's No. 2492A

20. FILED 1/23 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 him 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:

Confluent diphtheria
Old Penn.

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) 1458 Nut Haven Ave