

58321

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22841

Township

Primary Registration District No. 8187Registered No. 1639

or Village

No. Ohio Penitentiary

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 Wm. Arthur Hutcheson

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Mahoning, Co., O.

St. _____ Ward _____

Mahoning, Ohio
(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
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan 7 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	24			

 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)
Machinist

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____
(State or country) _____13. NAME Robert Hutcheson14. BIRTHPLACE (city or town) _____
(State or country) _____15. MAIDEN NAME Josephine Nichols16. BIRTHPLACE (city or town) _____
(State or country) _____17. INFORMANT Dan Davidson
and (Address) Struthers Ohio18. BURIAL, CREMATION, OR REMOVAL
Place Struthers Ohio Date Apr 23 193019. UNDERTAKER Thos. A. Pletcher
(Address) Columbus Ohio19a. Was body embalmed yes Embalmer's No. 2492 A20. FILED 4/23, 1930 J. W. Keegan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Date of onset

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 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 Nut View Ave