Zora Elizabeth Roby

Ohio, Deaths, 1908-1953 1953 00001-02600 Image 3032 of 3146

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

4343

02506

Reg. Dist. No. 25

Primary Reg. Dist. No. 2501

State File No.

Registrar's No. 184

1. PLACE OF DEATH a. COUNTY: Franklin	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Ohio b. COUNTY: Franklin
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Columbus c. LENGTH OF STAY (in this place):	c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Columbus
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 411 S. Central Ave.,	d. STREET ADDRESS (If rural, give location): 411 S. Central Ave.,

3. NAME OF DECEASED (Type or print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Zora	Elizabeth	Roby	Jan. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
female	white	married	Oct. 1, 1883	69	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H ousewife	own home	Marysville, Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Miller	Elizabeth Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE
No	none	Charles Sprouse

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

4343

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.) 21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ______, 19___, to ______, 19___, and that death occurred at ______ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James A. Hardie MD	2619 W. Broad St.	1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 14, 1953	Union Cem.	Franklin Co. Ohio

Sub-Registrar's Signature

NAME OF EMBALMER: Lowell W. Shroyer (LIC. NO.) 4536A

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	(LIC. NO.)
1-13-53	Leo Wridel	Lowell W. Shroyer	2894

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

Benjamin Franklin Miller

Ohio, Deaths, 1908-1953 1912 13961-16800 Image 669 of 3236

Form V. S. No. 11—500M-3-1-09.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Franklin

Township of ______ Registration District No. 3921 File No. 14546

or Village of ______ Primary Registration District No. 8187 Registered No. 608

or City of Columbus (No. 75 N Sandusky St., ______ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Benjamin Franklin Miller

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR OR RACE White	DATE OF DEATH Mch. (Month) 6 (Day) 1912 (Year)
DATE OF BIRTH Mch. (Month) 24 (Day) 1845 (Year)	I HEREBY CERTIFY, That I attended deceased from Jan 16 1912 to March 4 1912
AGE 66 years, 11 months, 10 days.	that I last saw h[illegible] alive on March 4, 1912
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married	and that death occurred, on the date stated above, at [illegible]
BIRTHPLACE (State or Foreign Country) Ohio	M. The CAUSE OF DEATH was as follows: apoplectic stroke
OCCUPATION Varniss Maker	
NAME OF FATHER John Miller	(Duration) ______ Days
BIRTHPLACE OF FATHER (State or Foreign Country) Maryland	Contributory ______
MAIDEN NAME OF MOTHER Marian Biers	(Duration) ______ Days
BIRTHPLACE OF MOTHER (State or Foreign Country) Maryland	(Signed) Casper B. Benson M.D. Mch. 6 1912 (Address) 206 E. State St
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) Cora Wotter (Address) 876 Curtis av. City	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence Raymond Ohio How long at Place of Death? 2 wks. Where was disease contracted, if not at place of death? Raymond Ohio
Filed 3/7/1 1912 [signature] Registrar.	PLACE OF BURIAL or REMOVAL Green Lawn / DATE OF BURIAL Mch. 8 1912 / UNDERTAKER The W.H. Shaw / ADDRESS Col Ohio

(64)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

Elizabeth Miller

Ohio, Deaths, 1908-1953 1913 20101-22940 Image 1992 of 3250

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 11—200M—6-10-12

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Franklin

Township of ...... Registration District No. 392 File No. 21808

or Village of ...... Primary Registration District No. 8787 Registered No. 1915

or City of Columbus (No. #1103 Michigan Ave St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elizabeth S. Miller.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Oct (Month) 24 (Day) 1842 (Year)

7 AGE: 70 yrs. 6 mos. 0 ds. If LESS than 1 day, ... hrs. or ...... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Ohio

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cora Motter

(Address) 1103 Mich ave

15 Filed 4/25 1913 J. L. Davis Deputy Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 24 (Day), 1913 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1913, to Apr 24, 1913, that I last saw her alive on Apr 24, 1913, and that death occurred, on the date stated above, at 9 a.m.,

The CAUSE OF DEATH* was as follows:

Bronchitis (Chronic)

...... (Duration) ...... yrs. ...... mos. ...... ds.

Contributory (Secondary) ...... (Duration) ...... yrs. ...... mos. ...... ds.

(Signed) E. T. Sager, M. D.

Apr 24, 1913 (Address) 166 Mt. Vernon Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds.

Where was disease contracted, if not at place of death? ......

Former or usual residence ......

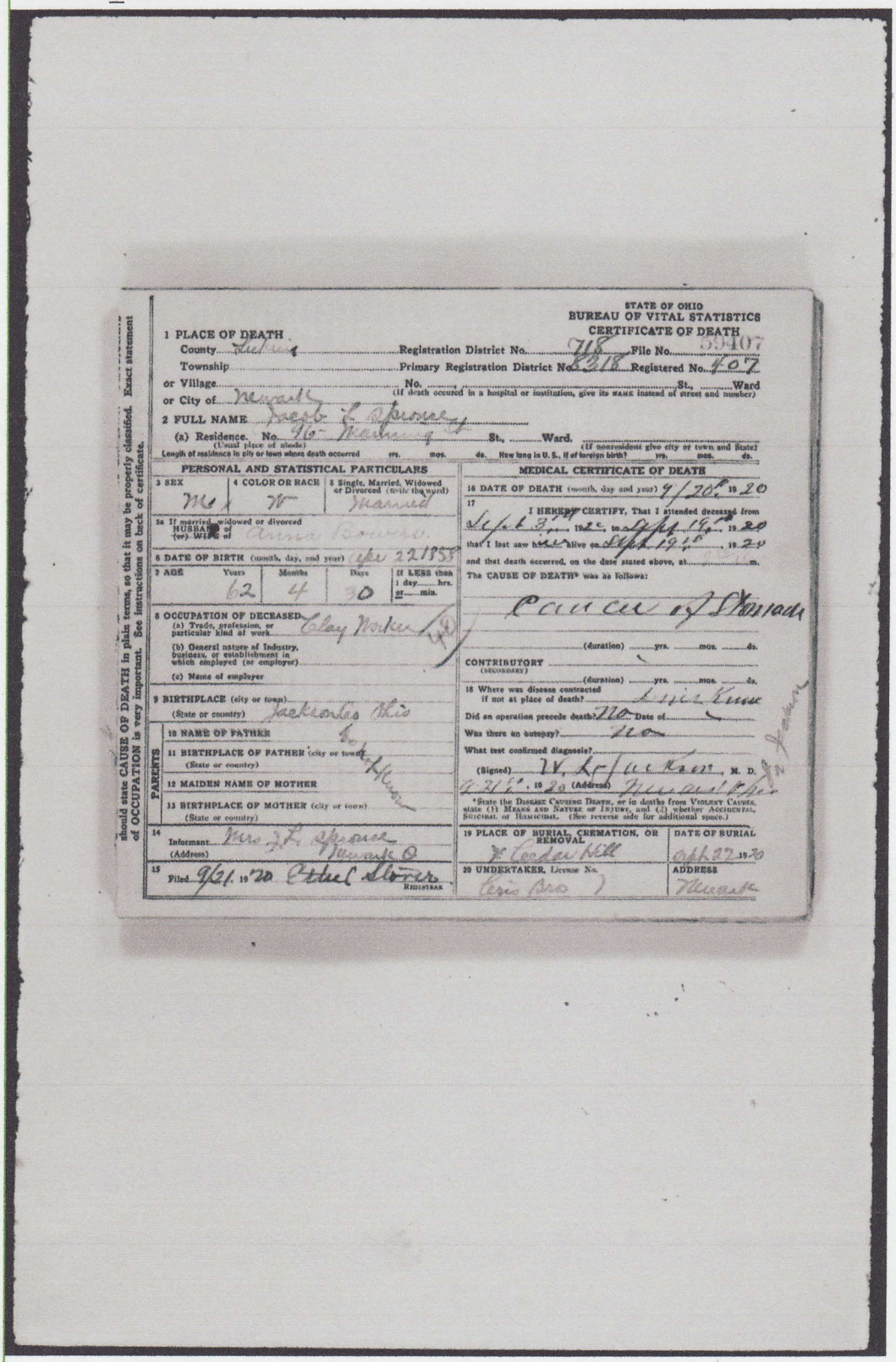
19 PLACE OF BURIAL OR REMOVAL: Green Lawn | DATE OF BURIAL: April 26, 1913

20 UNDERTAKER: The W. H. Shawles | ADDRESS: Col Ohio

Jacob Sprouse Certificate of Death

Ohio, Deaths, 1908-1953 1920 58901-61890 Image 574 of 3315

4096421_00574



STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Licking Registration District No. 718 File No. 58407
Township Primary Registration District No. 2218 Registered No. 407
or Village No. (If death occured in a hospital or institution, give its NAME instead of street and number) St. Ward
or City of Newark

2 FULL NAME Jacob L. Sprouse

(a) Residence. No. 96 Mary St. Ward
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 Single, Married, Widowed or Divorced (write the word): Married
3a If married, widowed or divorced HUSBAND of (or) WIFE of: Anna Sprouse
6 DATE OF BIRTH (month, day, and year): Apr 22 1858
7 AGE: Years 62 Months 4 Days 30 If LESS than 1 day hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clay Worker
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Jacksonboro Ohio
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)
PARENTS
14 Informant: Mrs. J. L. Sprouse Newark O
(Address)
15 Filed 9/21, 1920 Ethel Stowers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 9/20, 1920
17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1920, to Sept 16, 1920
that I last saw him alive on Sept 16, 1920
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cancer of Stomach
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? Same
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. L. Sullivan M. D.
9/21, 1920 (Address) Newark O

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Hill — DATE OF BURIAL: 9/22, 1920
20 UNDERTAKER, License No. Cox Bros — ADDRESS Newark

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ohio, Deaths, 1908-1953 1929 69701-72900 Image 772 of 3530

George A. Sprouse

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH 392 70408

MARGIN RESERVED FOR BINDING. PHYSICIANS: Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Franklin Registration District No. 8887 File No.
Township Primary Registration District No. Registered No. 4435
or Village No. St. Francis Hospital St., Ward
or City of Columbus (If death occured in a hospital or institution, give its NAME instead of street and number)
Did Deceased Serve in U. S. Navy or Army
2 FULL NAME George A. Sprouse
(a) Residence. No. 108 Rodgers Ave St., Ward (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (write the word): Divorced
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year) Jan 16-1879
7 AGE: Years 50 Months 10 Days 14 If LESS than 1 day hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) Waverly
(State or country) Ohio
PARENTS
10 NAME OF FATHER Jacob L. Sprouse
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ohio
12 MAIDEN NAME OF MOTHER Nancy McNabb
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland
14 Informant George A Sprouse Jr.
(Address) 108 Rodgers Ave
15 Filed 12-3, 1929 J. H. Keegan Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 11-30 1929
17 I HEREBY CERTIFY, That I attended deceased from 11-21, 1929, to 11-30, 1929
that I last saw him alive on 11-30, 1929
and that death occurred, on the date stated above, at 12 30 m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis of coronary arteries
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Thrombosis and Infarction
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) John N. Mitchell M. D.
11-30, 1929 (Address) St. Francis Hosp.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal: Union Cemetery — DATE OF BURIAL: Dec. 3-1929
20 UNDERTAKER: J. J. Hughes Sr. — ADDRESS: E. 3 S. High
20a WAS THE BODY EMBALMED? Yes. — EMBALMER'S LICENSE NO. 491 A.

Cora Ann (Miller) Motter

Ohio, Deaths, 1908-1953 1941 58301-61100 Image 2317 of 3258

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security No. none

File No. 60256

1 PLACE OF DEATH
County Franklin — Registration District No. 392
Township — Primary Registration District No. 8187 — Registered No. 3997
or Village Columbus — No. ...... St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of
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 Cora Ann Motter — Did Deceased Serve in U. S. Navy or Army no
(a) Residence. No. 122 Chicago St., ... Ward ...... (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female — 4. COLOR OR RACE white — 5. SINGLE, MARRIED, Widowed or Divorced (Write the word) widowed
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Charles M. Motter
6. DATE OF BIRTH (month, day, and year) Dec 21-1867
7. AGE (years) 73 Months 9 Days 18 — If LESS than 1 day ...... hrs. or ...... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
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) Hebron (State or country) Ohio

FATHER
13. NAME Benj F. Miller
14. BIRTHPLACE (city or town) (State or country) No record

MOTHER
15. MAIDEN NAME Elizabeth Green
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT The Signature of Arthur E. Walter and (Address) 122 Chicago Ave
18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Date Oct 17, 1941
19. FUNERAL FIRM Carl Mortuary Lic. No. 511
19a. BURIED BY Address Circleville O.
19b. EMBALMER Lic. No. 1706A
20. FILED 10-10, 1941 J Herbert Mumm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9, 1941
22. I HERBY CERTIFY, That I attended deceased from Sept 10, 1941, to 10-9, 1941, I last saw her alive on 10-9, 1941, death is said to have occurred on the date stated above at 1:20 P. m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Cerebral Hemorrhage — Date of onset
CONTRIBUTORY CAUSES of importance not related to principal cause: arterio sclerosis
Name of operation none — Date of
What test confirmed diagnosis? — Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no — Date of injury ......, 19......
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) H. C. A. Beach M.D.
Date 10-10-1941 Address 1285 Bryden Rd

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Charles Ellis Sprouse

"Ellis" is First Name

Ohio, Deaths, 1908-1953 1950 66401-69100 Image 2148 of 3167

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 392 Primary Reg. Dist. No. 8187 State File No. 5501 Registrar's No. 4716

MARGIN RESERVED FOR BINDING — THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

1. PLACE OF DEATH: a. COUNTY Franklin; b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) Columbus; c. LENGTH OF STAY (In this place); d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Grant Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.): a. STATE Ohio; b. COUNTY Franklin; c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) Columbus; d. STREET ADDRESS (If rural, give location) 411 S. Central Ave.

3. NAME OF DECEASED (TYPE OR PRINT): a. (First) Charles; b. (Middle) Ellis; c. (Last) Sprouse

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1950

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 11, 1907

9. AGE (In years last birthday): 43; Under 1 Year: Months 7, Days 16; If Under 24 Hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Columbus, Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Sprouse

14. MOTHER'S MAIDEN NAME: Zora Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No

16. SOCIAL SECURITY NO. 275-03-2607

17. INFORMANT'S SIGNATURE: Mrs Violet Sprouse

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Toxemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Subdiaphragmatic Abscess 10/31/50

DUE TO (c) following Ruptured appendix 9/15/50

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus - mild ?

19a. DATE OF OPERATION: 11/23/50

19b. MAJOR FINDINGS OF OPERATION: Subdiaphragmatic abscess 5501

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)

21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1950 to 11/27, 1950 and that death occurred at 1:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John E. Stephens, M.D.

23b. ADDRESS: 3016 W. Broad St

23c. DATE SIGNED: 11/28/50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 1, 1950

24c. NAME OF CEMETERY OR CREMATORY: Union Cem.

24d. LOCATION (City, town, or county) (State): Franklin Co. Ohio

BIRTH NO. Do not write in this space

NAME OF EMBALMER: George S. Dalton (LIC. NO.) 5173A

DATE REC'D BY LOCAL REG.: 11-24-50

REGISTRAR'S SIGNATURE: Leo Arndt

25. FUNERAL DIRECTOR'S SIGNATURE: Lowell W. Sprague (LIC. NO.) 2994

V.S. 11