

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. 2517

Township

Primary Registration District No. 8187

Registered No. 403

or Village

No. Mt Carmel Hospital

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 FRANCIS D. MCGEE (also known as Frank) Deceased Serve in U. S. Navy or Army

(a) Residence. No. 989 Euclid Ave St., Ward. Berley Ohio  
(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. Married Single Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Atneilyn McManama m/s/see

6. DATE OF BIRTH (month, day, and year) Apr 28, 1899

7. AGE Years Months Days If LESS than 1 day, hrs, or min. 34 9 2

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adjusted

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Col. Finance Co.

10. Date deceased last worked at this occupation (month and year) 1/30/34 11. Total time (years) spent in this occupation. 108

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

13. NAME Manley McGee

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Ella M. English

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

17. The Signature of INFORMANT and (Address) Manley I. McGee  
989 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL Place. St Josephs Cem Date. FEB 1 1934

19. UNDERTAKER O'Shaughnessy Co  
(Address) Columbus Ohio

19a. Was body embalmed Yes Embalmer's No. 3198 A.

20. FILED 1-30-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1934 to 1-30, 1934

I last saw him alive on 1-30, 1934, death is said to have occurred on the date stated above at 1:30 P.M.

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

Inter Pneumonia (R)  
Cardiac failure.

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) D. J. O'Shaughnessy M. D.  
Date 1-30 1934 Address Int Carmel Hosp.