

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Reg. Dist. No. 392Primary Reg. Dist. No. 8187State File No. 36382Registrar's No. 2428

## 1. PLACE OF DEATH:

(a) County Franklin(b) Columbus  
(City, Village, Township)(c) Name of hospital or institution:  
University Hospital(d) Length of stay: in hospital or institution 15  
(Days)In this community 20 Years  
(Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Franklin(c) City or village Columbus  
(If outside city or village, write RURAL)(d) Street No. 2241 Indiana, Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. FULL NAME Wayne B. Wright(a) if veteran, name war No (b) Social Security No. 274-10-45464. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Margaret Wright 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased November 5, 1895  
(Month) (Day) (Year)8. AGE: Years 52 Months 7 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ceredo W. Va.  
(City, town, or county) (State or foreign country)10. Usual occupation Mgr. Standard Oil Co.11. Industry or business Service Station12. Name Robert Wright13. Birthplace Boston, Mass.  
(City, town, or county) (State or foreign country)14. Maiden name Belle Ferguson15. Birthplace Ferguson, W. Va.  
(City, town, or county) (State or foreign country)16. (a) Informant's signature Margaret Wright(b) Address 2241 Indiana, Ave.17. (a) Burial, cremation, or other; (b) Date 6-16-1948  
(Month) (Day) (Year)(c) Place Union Cemetery(d) R. E. Chaney 50446  
(Name of Embalmer) (Lic. No.)18. (a) J. Harvey Davis 2055  
(Signature of Funeral Director) (Lic. No.)(b) Address Summit, St. @ 16th Ave. Col. C.19. (a) 6-14-48 (b) Les Credil  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month June day 12  
year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hemorrhage - Gastro- Intestinal Ulceration 24 hrs.Due to Carcinoma of Head of Pancreas 1 yr?

Due to \_\_\_\_\_

Other conditions 469-103  
(Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Major findings of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Village) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) How did injury occur? \_\_\_\_\_

23. Signature Wm. P. Smith D. M. D.  
(Specify if Doctor of Medicine or Osteopathy)Address University Hospital Date signed June 13, 1948

Underline the cause to which death should be charged statistically.