

STATE OF OHIO
DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 15176
Township _____ Primary Registration District No. 8187 Registered No. 827
or Village _____ No. White Cross Hospital Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.
2 FULL NAME John W. Taylor Did Deceased Serve in _____
(a) Residence No. _____ St. 5 Ward Murray City, Ohio
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Taylor
6. DATE OF BIRTH (month, day, and year) Jan. 14, 1874
7. AGE Years 64 Months 1 Days 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
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 _____

21. DATE OF DEATH (month, day, and year) Mar 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-17-1938 to 3-4-1938
I last saw him alive on 3-4-1938 death is said to have occurred on the date stated above at 7:59 PM

12. BIRTHPLACE (city or town) New Stanton Ohio (State or country)
13. NAME William Taylor
14. BIRTHPLACE (city or town) Eng (State or country)
15. MAIDEN NAME Hannah Horvath
16. BIRTHPLACE (city or town) Eng (State or country)
17. The Signature of Informant and (Address) William Taylor Murray City Ohio
18. BURIAL, CREMATION, OR REMOVAL Place Cross Lane Date Mar. 7 1938
19. FUNERAL DIRECTOR W. J. Stout Lic. No. 5 (Address) New Stanton Ohio
19a. Was body embalmed? Yes Embalmer's Lic. No. 4402
20. FILED 3-5-1938 J. W. Keegan Registrar

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset was as follows:
Case in course of sigmoid primary
CONTRIBUTORY CAUSES of importance not related to principal cause:
(Secondary) 1st. Ricot
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) W. J. Stout M.D.
Date 3-4-1938 Address 1016

OCCUPATION
MOTHER
FATHER

mk