

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Reg. Dist. No. 2747

Primary Reg. Dist. No. \_\_\_\_\_

State File No. 45396

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Lawrence(b) South Point, Ohio  
(City, Village, Township)(c) Name of hospital or institution:  
State Route 52

(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution

In this community 30 days (Days)

(Year, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Clark(c) City or village Springfield Ohio  
(If outside city or village, write RURAL)(d) Street No. 509 Decie St  
(If rural, give location)

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

## 3. FULL NAME

William Brown Keen(a) if veteran, name war \_\_\_\_\_ (b) Social Security No. 378-10-46964. Sex M5. Color or race W6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Florence Keen7. Birth date of deceased 8-16-1892  
(Month) (Day) (Year)8. AGE: Years 54 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. min.9. Birthplace Atlanta, Georgia  
(City, town, or county) (State or foreign country)10. Usual occupation Supt of Institution11. Industry or business Wendellville - Wesley Co12. Name Wm Keen13. Birthplace Georgia  
(City, town, or county) (State or foreign country)14. Maiden name Annie Wilson15. Birthplace Georgia  
(City, town, or county) (State or foreign country)16. (a) Informant's signature Mrs. Beulah O'Neal(b) Address 509 E. Craig St - Springfield17. (a) Burial, cremation, or other: \_\_\_\_\_ (b) Date 7-16-47  
(Month) (Day) (Year)(c) Place Ferncliff Cemetery - Springfield(d) E. M. Keenig 37794  
(Name of Embalmer) (Lic. No.)18. (a) Gary W. Bennett 26980  
(Signature of Funeral Director) (Lic. No.)(b) Address London Ohio19. (a) 7-16-47 (b) Tammy Lane  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month 7 day 16year 47 hour 3 minute one

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 Fracture ofNeck - Compound Fractureof Skull PenetrationDust and other injuriesDue to Collision between car andother conditions

(Include within 3 months of death)

Major findings of operation 1702-0Major findings of autopsy 46000

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

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 7-16-47(c) Where did injury occur? Franklin County Ohio  
(City or village) (County) (State)(d) Did injury occur in or about home, on farm, or industrial place, in public place? State 521 N. W. 100th  
(Specify type of place)While at work? No (e) How did injury occur? See above23. Signature William KeenigAddress London OhioDate signed 7-16-47

Underline the cause to which death should be charged statistically.

Mother Father