

**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

68884

Reg. Dist. No. 1501  
Primary Reg. Dist. No. 1501

State File No. \_\_\_\_\_  
Registrar's No. 307

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Salineville</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Columbiana</u>	
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>East Liverpool Ohio</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Salineville</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET (If rural, give location) ADDRESS <u>Jefferson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or print) a. (First) <u>Edwin</u> b. (Middle) <u>Briggs</u> c. (Last) <u>McNichol</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. - 1 - 1952</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 10 - 1879</u>	<b>9. AGE</b> (In years last birthday) <u>73</u>	<b>Under 1 Year</b> Months _____ Days _____	<b>If Under 24 Hrs.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>SUT</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Coinc</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ohio</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13. FATHER'S NAME</b> <u>Edwin C. Briggs</u>	<b>14. MOTHER'S MAIDEN NAME</b> <u>Emma Phelts</u>
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<b>15. WAS DECEASED IN U. S. ARMED FORCES?</b> <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>29-0-55</u>	<b>17. INFORMANT'S SIGNATURE</b> <u>[Signature]</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Second &amp; Third Degree</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Burns to face &amp; arms</u> DUE TO (c) <u>Inhalation of smoke &amp; steam and shock</u>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>9/160</u>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, a building, forest, etc.) <u>Home</u>	<b>21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Salineville Col Ohio</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>3 - 2 A M 11/1/52</u>	<b>21e. INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>caught in burning home</u>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, and that death occurred at 12:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>	(Degree or title) _____	<b>23b. ADDRESS</b> <u>East Liverpool Col</u>	<b>23c. DATE SIGNED</b> <u>Nov 2nd 1952</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>Nov. 4 - 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodland Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Salineville - Ohio</u>
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<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	(LIC. NO.) _____
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THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK. MARGIN RESERVED FOR BINDING.

V.S. 11