

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

53996

1 PLACE OF DEATH  
 County Franklin Registration District No. 392 File No. 53996  
 Township Franklin Primary Registration District No. 4591 Registered No. 3305  
 or Village Franklin No.        St.        Ward         
 or City of Franklin (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 1 yr. mos.        ds. How long in U. S., if of foreign birth?        yrs.        mos.        ds.  
 2 FULL NAME John Lewis Wilcox Did Deceased Serve in U. S. Navy or Army         
 (a) Residence No. 1631 Franklin Rd. St.        Ward        (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. COLOR OR RACE Male White 5. Single, Married, Widowed, or Divorced (write the word) married  
 5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Wilcox  
 6. DATE OF BIRTH (month, day, and year) Mar. 17-1865  
 7. AGE 12 years 5 Months 28 Days If LESS than 1 day,        hrs. or        min.  
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookbinder, etc. Secretary  
 9. Industry or business in which work was done, as silk mill, mill, bank, etc. free farm  
 10. Date deceased last worked in this occupation (month and year)        11. Total time (years) spent in this occupation         
 12. BIRTHPLACE (city or town) (State or country) Ohio Franklin Co.  
 13. NAME John Lewis Wilcox  
 14. BIRTHPLACE (city or town) (State or country) Ohio Franklin Co.  
 15. MOTHER NAME Catherine Wilson  
 16. BIRTHPLACE (city or town) (State or country) Ohio Franklin Co.  
 17. THE SIGNATURE OF THE DECEASED John Lewis Wilcox  
 18. DUPLICATION, INFORMATION, OR REMOVAL Place Franklin Date 9-17-1931  
 19. U.S. DEPARTMENT OF HEALTH (Address) U.S. Dept. of Health  
 19a. Was body embalmed? Yes Embalmer's No. 4104-A  
 20. FILED 9-15-1931 J. W. Keegan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to Sept 15, 1931. I last saw him alive on Sept 15, 1931. Death is said to have occurred on the date stated above at 2:40 p. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
John Lewis Wilcox  
 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?  
no  
 If so, specify         
 Date 9/15/1931 Address Franklin, Ohio