

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Franklin Registration District No. 322 File No. 29664  
Township Franklin Primary Registration District No. 1107 Registered No. 217

or Village Columbus No. 1 St. 17 Ward 17  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Crawford Hallett Did Deceased Serve in U. S. Navy or Army

(a) Residence No. 2403 Linden Ave. St. 17 Ward 17  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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

16 DATE OF DEATH (month, day and year) 5/10 1930

5a If married, widowed or divorced HUSBAND of (or) WIFE of Martha Hallett

17 I HEREBY CERTIFY, That I attended deceased from 4/11, 1930, to 5/10, 1930  
that I last saw him alive on 5/10, 1930  
and that death occurred, on the date stated above, at 6 P.M.

6 DATE OF BIRTH (month, day, and year) 1-13-1952

The CAUSE OF DEATH\* was as follows:

7 AGE 78 Years 3 Months 27 Days  
If LESS than 1 day.....hrs. or.....min.

920 acute Regurgitation  
(duration) yrs. 5 mos. ds.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Cardiac Edema  
(duration) yrs. 4 mos. ds.

9 BIRTHPLACE (city or town) Lower Salem  
(State or country) Ohio

18 Where was disease contracted if not at place of death?  
Did an operation precede death? no Date of

10 NAME OF FATHER James Hallett

Was there an autopsy? no

11 BIRTHPLACE OF FATHER (city or town) Salem  
(State or country) Ohio

What test confirmed diagnosis? Clinical

12 MAIDEN NAME OF MOTHER Martha Whatstone

(Signed) Prof. A. J. Warner M. D.  
5/10, 1930 (Address) 1695 Summit St.

13 BIRTHPLACE OF MOTHER (city or town) Sturtevant  
(State or country) Ohio

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant Frank P. Harris  
(Address) 2403 Linden Ave.

19 PLACE of Burial, Cremation, or Removal Callicott's Chh DATE OF BURIAL 5-12-30

15 Filed 5-12-30 J. W. Keegan  
REGISTRAR

20 UNDERTAKER W. M. Greenman ADDRESS 1695 Summit St.

20a EMBALMER W. M. Greenman LICENSE NO. 566-0

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.