

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

1 PLACE OF DEATH **58396**  
County **Franklin** Registration District No. **392** File No. **22078**  
Township..... Primary Registration District No. **8187** Registered No. **1876**  
or Village..... No. **Ohio Penitentiary** St.,..... 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2 FULL NAME **Eddie Montgomery** Did Deceased Serve in U. S. Navy or Army  
(a) Residence. No. **Summit Co.** St.,..... Ward. **Summit Co. - Ohio**  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. **Color** Single, Married, Widowed, Divorced (write the word) **Single**

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

6. DATE OF BIRTH (month, day, and year) **Unknown**

7. AGE Years **31** Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

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 **180**

12. BIRTHPLACE (city or town) (State or country) **Unknown**

13. NAME **Unknown**

14. BIRTHPLACE (city or town) (State or country) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (city or town) (State or country) **Unknown**

17. The Signature of INFORMANT **Ohio Pen Records** and (Address) **Colo - O.**

18. BURIAL, CREMATION, OR REMOVAL Place **Evergreen Cem** 4-25-30

19. UNDERTAKER **Shaughnessy Co.** (Address) **Colo O.**

19a. Was body embalmed **yes** Embalmer's No. **2492A**

20. FILED **4/25/30** **groteegan** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) **Apr. 21, 1930**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above at **6 P. m.**

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: **Conflagration Ohio Penitentiary**

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?  
If so, specify \_\_\_\_\_  
(Signed) **Joseph A. Murphy** M. D.  
(Address) **1450 Mt Vernon av**