

55408

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

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22862

Township

Primary Registration District No. 5187

Registered No. 1660

or Village

No. Ohio Penitentiary

St., Ward

or City of Columbus

(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 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

2 FULL NAME

Drake, Innis

Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. Hamilton Co. 0

St., Ward Hamilton Co. Ohio

(Usual part of address)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed, or Divorced Single

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

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

7. AGE Years 30 Months Days If LESS than 1 day, hr 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. 78
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) unk

13. NAME Wm Drake

14. BIRTHPLACE (city or town) (State or country) Cincinnati

15. MAIDEN NAME Mrs. Murphy

16. BIRTHPLACE (city or town) (State or country) Cincinnati

17. INFORMANT The Signature of Hamilton Co. Records and (Address) Columbus

18. BURIAL, CREMATION, OR REMOVAL Place Cincinnati Date Apr 27 1930

19. UNDERTAKER Benfro Funeral Service

19a. Was body embalmed? Yes Embalmers No. 3492A

20. FILED 4/23 1930 Registrar J.W. Keegan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him 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