

50807

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 23075

Township

Primary Registration District No. 817

Registered No. 1875

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 Job Sinuta

Did Deceased Serve in  
S. Navy or Army

(a) Residence. No. Cuyahoga, Co., O.

St. Ward

Cuyahoga Co - Ohio  
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7. AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. work 180  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown  
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) work

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

The Signature of 17. INFORMANT Ohio Pen Records and (Address) Cols. O.

18. BURIAL, CREMATION, OR REMOVAL Place not known Date 4-25-30

19. UNDERTAKER O'Donoghue Co (Address) Co. O.

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

20. FILED 4/25/30 gwtregan Registrar.

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 at O.P.

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 not known