

50765

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

## 1 PLACE OF DEATH

County **Franklin**Registration District No. **592**File No. **23069**

Township

Primary Registration District No. **8187**Registered No. **1761**

or Village

No. **Ohio Pen.**

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 **Joe Porsio**

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. \_\_\_\_\_

St., \_\_\_\_\_ Ward. **Cuyahoga**

(Usual place of abode)

(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**

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **unknown**

7. AGE

**38**

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.**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  
occupation12. BIRTHPLACE (city or town)  
(State or country) **Brooklyn - N.Y.**

13. NAME

**Geraldo Porsio**14. BIRTHPLACE (city or town)  
(State or country)**Italy**

15. MAIDEN NAME

**unknown**16. BIRTHPLACE (city or town)  
(State or country)**Italy**17. The Signature of  
INFORMANT  
and (Address)**Ben Porsio  
Cleveland - Ohio**

18. BURIAL, CREMATION, OR REMOVAL

Place **Cleveland - O** Date **4-24-30**19. UNDERTAKER  
(Address)**Cornio and Co. Cleveland**19a. Was body embalmed **yes** Embalmer's No. **2492<sup>0</sup>A.**20. FILED **4/24**, 19**30** **JW Keegan**  
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 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: \_\_\_\_\_ Date of onset**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 fol-  
lowing:

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 Ave**