

58424

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

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 12353

Township.....

Primary Registration District No. 8187Registered No. 1757

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 Oakley Ross

Did Deceased Serve in

U. S. Navy or Army(a) Residence. No. Mahoning, Co., OSt., Ward. Mahoning Co. - Ohio

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Single</b>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	<b>21</b>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Auto Mechanic</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>7073</b>
	10. Date deceased last worked at this occupation (month and year) <b>10/23/30</b>

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Unknown  
(State or country)17. INFORMANT A. B. Campbell  
and (Address) Beaver Falls Pa18. BURIAL, CREMATION, OR REMOVAL  
Place Beaver Falls - Pa Date 4-25-3019. UNDERTAKER A. B. Campbell  
(Address) Beaver Falls Pa19a. Was body embalmed Yes Embalmer's No. 2492420. FILED 4/24-1930 J. W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 1922. 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) 1452 Mt Vernon Ave