

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lancaster

Registration District No. 392

File No. 22028

Township

Primary Registration District No. 9187

Registered No. 1777

or Village Columbus
or City of

No. Ohio Pen St. _____ Ward _____
(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 Walter Jackson

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Hamilton, O.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or 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 _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. about 32

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 _____

12. BIRTHPLACE (city or town) _____ (State or country) Wm. Ky

13. NAME Murphy

14. BIRTHPLACE (city or town) _____ (State or country) Ohio Pen

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) Ohio Pen

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

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton, O. Date 4-25-30

19. UNDERTAKER White ap. - med to Cols - O.
(Address)

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

20. FILED 4-24-30 M. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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 _____ m.

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

Conflagration
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? Coroner

If so, specify _____

(Signed) Joseph A. Murphy M. D.

(Address) 1400 2nd Venues av