

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

23033

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1838

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

William Murdock

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(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)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Minnie Murdock
Annie6. DATE OF BIRTH (month, day, and year) May 30, 1907

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

22

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Teamster9. 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)

Mt. Pleasant, Tenn.

(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT
The Signature of
and (Address)Ohio Pen Records
Colts-618. BURIAL, CREMATION, OR REMOVAL
Place19. UNDERTAKER
(Address)

19a. Was body embalmed

Embalmer's No.

20. FILED

4/25

19

J. W. 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 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:

Date of onset

180
Conflagration
Ohio PenitentiaryCONTRIBUTORY 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

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)

(Address)

Joseph A. Murphy
1450 Mt Vernon Ave

M. D.