

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

23080

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8107 Registered No. 1850
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 Willie Brown Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward _____ Hamilton Co. Ohio
(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 of _____

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

7. AGE Years 27 Months _____ Days _____ If LESS than 1 day, _____ hra. or _____ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
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 180

12. BIRTHPLACE (city or town) Hamilton Co.
(State or country)

MOTHER FATHER 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 The Signature of Ohio Pen Records
and (Address) Cols 0

18. BURIAL, CREMATION, OR REMOVAL Place West Calvary Date 4-26-30

19. UNDERTAKER O'Shughnessy Co - Cols
(Address)

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

20. FILED 4/25, 1930 J.W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 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 _____

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? _____

(Signed) Joseph A. Murphy M. D. Coroner

(Address) 1457 West Vernon Ave