

58391

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22874

Township

Primary Registration District No. 8187Registered No. 1672

Village

No. Ohio Penitentiary

St. _____ Ward _____

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 Wm. Jennings

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Harrison Co. O

St. _____ Ward _____

(If nonresident give city or town and State)

3 PERSONAL AND STATISTICAL PARTICULARS

1. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)
Single

6. If married, widowed, or divorced

Name of HUSBAND of

Name of WIFE of

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

8. AGE

Years 27

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Oil Contractor10. Industry or business in which
deceased was done, as silk mill,
saw mill, bank, etc.11. Date deceased last worked at
this occupation (month and
year)Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Unknown

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT
The Signature of J. P. Records
and (Address) Colo - O.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Leo the Date Apr 24 193019. UNDERTAKER Glenn S. Myers
(Address) Columbus, O. 2492A.19a. Was body embalmed Yes Embalmer's No. 2492A.20. FILED 4/23 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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

Date of onset

ConflagrationOhio 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 _____, 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 West Vernon Ave