

57474

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22882

## 1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22882  
Township \_\_\_\_\_ Primary Registration District No. 8171 Registered No. 1680  
or Village \_\_\_\_\_ No. Ohio Penitentiary St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)or City of Columbus

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 Albert Brown

Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. Lucas, Co., O. 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 White 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 35 Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Truck Driver  
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) 1999 11. Total time (years)  
spent in this  
occupation 18

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

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (city or town)  
(State or country) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town)  
(State or country) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL  
Place Leledo, O. Date april 23

19. UNDERTAKER H. H. Birkbeck and  
(Address) 1003 Broadway Leledo, O.

19a. Was body embalmed \_\_\_\_\_ Embalmer's No. \_\_\_\_\_

20. FILED 4/23, 1920 JW 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 h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ death is said  
to have occurred on the date stated above at 8 P.M.

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

Couflagration  
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 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 Cramer M. D.

(Address) 145E Mt Vernon Av