

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 1879  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. \_\_\_\_\_  
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

Albert J. Neuman Did Deceased Serve in \_\_\_\_\_  
(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 White 5. Single, Married, Widowed, or Divorced? Single  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

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

7. AGE Years 38 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. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180  
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) Unknown Pa

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 INFORMANT and (Address) Ohio Pen Records  
Columbus O

18. BURIAL, CREMATION, OR REMOVAL Place Not known Date 4/26 1930

19. UNDERTAKER (Address) O'Shaughnessy  
Columbus O.  
19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/23 1930 JW Keegan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-1930

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date stated above at 60 m.

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

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?

If so, specify \_\_\_\_\_

(Signed) Joseph A. Murphy M. D.

(Address) 1450 West Union