

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

22907
1705

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 1705
Township _____ Primary Registration District No. 8187 Registered No. _____
or Village _____ No. _____ Ohio Penitentiary 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. _____ da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.
2 FULL NAME Andy Verbatis Did Deceased Serve in
(a) Residence. No. Belmont Co. St., _____ Ward. Belmont Co., O.
(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) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Married

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. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Penitentiary
10. Date deceased last worked at this occupation (month and year) 7/8/30
11. Total time (years) spent in this occupation 18

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

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

15. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT The Signature of Ohio Public Records
and (Address) Columbus, O.

18. BURIAL, CREMATION, OR REMOVAL Place Martins Ferry Date Apr 24 1930

19. UNDERTAKER Neslop Funeral Home
(Address) Martins Ferry, Ohio

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/24 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 him alive on _____, 19____, death is said to have occurred on the date stated above at _____ 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 net Union Ave