

710-1

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

23034

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23034
Township _____ Primary Registration District No. 8187 Registered No. 1823
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 Barney F Madden Did Deceased Serve in _____
(a) Residence. No. _____ St., _____ Ward. Van Wert - 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 _____

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

7. AGE Years 47 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) Van Wert - O.

13. NAME Barney Madden

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

15. MAIDEN NAME Mary Burroughs

16. BIRTHPLACE (city or town) (State or country) Union Co - O.

17. INFORMANT The Signature of Minnie Carroll and (Address) Van Wert - Ohio

18. BURIAL, CREMATION OR REMOVAL Place Van Wert O Date 4-25 1930

19. UNDERTAKER Minnie Carroll (Address) Van Wert - O.

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

20. FILED 4/24 1930 J.W. 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 _____, 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
O.P.

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 G. Murphy M. D.
(Address) 1450 Mt Vernon av