

757

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH 392

23013

1 PLACE OF DEATH  
County Franklin Registration District No. 6187 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1841  
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 3 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? 3 yrs. 0 mos. 0 ds.  
2 FULL NAME Benjamin Crawford Did Deceased Serve in \_\_\_\_\_  
Cuyahoga Co., O. U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Cuyahoga Co., O.  
(Usual place of abode) (If not resident 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) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

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

7. AGE Years 34 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. Waiter  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Goffe MO

MOTHER 13. NAME \_\_\_\_\_  
14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL  
Place Stausel City Mo Date 4-26 1930

19. UNDERTAKER D.W. Newcomer & Sons  
(Address) 9th + Brooklyn - Kansas City  
19a. Was body embalmed yes Embalmer's No. 24924-4

20. FILED 4-25 1930 M. 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.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
16 Confusion  
Ohio Penitentiary  
Date of onset \_\_\_\_\_

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 mt Vernon av