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DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22851

Township

Primary Registration District No. 8187

Registered No. 1649

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. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Benjamin Scanlon

Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. Franklin, Co., O.

St. _____ Ward _____

Franklin Co Ohio
(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) Dec. 17, 1902

7. AGE Years 27²⁰ Months 4 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. Repairer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 73 10. Date deceased last worked at this occupation (month and year) 10/13 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anderson, Ind. (State or country)

MOTHER FATHER 13. NAME Murphy

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

15. MAIDEN NAME Mrs. Nellie Scanlon

16. BIRTHPLACE (city or town) New Salem, Indiana (State or country)

17. INFORMANT The Signature of J. P. Reynolds and (Address) Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Date Apr 24 1929

19. UNDERTAKER Egan Ryan Undertaker (Address) Columbus

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

20. FILED 4/23 1929 J. W. 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 6 P.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) 1452 1/2 W. Vernon Ave