

58610

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 20235

Township.....

Primary Registration District No. 8187Registered No. 1835

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 Bert PainterDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male4. COLOR OR RACE
White5. Single, Married, Widowed,
or Divorced (write the word)
Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Rosa Painter6. DATE OF BIRTH (month, day, and year) July 19, 18817. AGE Years Months Days If LESS than
48 1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
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)**Farmer**11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) At Recovery Ohio

13. NAME

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

15. M maiden NAME

16. BIRTHPLACE (city or town)
(State or country) Ohio Pen Records
Columbus Ohio17. The Signature of
INFORMANT Ohio Pen Records
and (Address) Columbus Ohio18. BURIAL, CREMATION, OR REMOVAL
Place At Recovery Date 4-28-3019. UNDERTAKER Bert's Sister
(Address) Fort Recovery Ohio19a. Was body embalmed Yes Embalmer's No. 2492A.20. FILED 4-25 30 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 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:

Date of onset

180
Non-flagellate
Ohio PenitentiaryCONTRIBUTORY 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 fol-
lowing:

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(Address) 1450 Mt Vernon Rd

M. D.