

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22921

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1719
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 _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Charles Collins Did Deceased Serve in _____
(a) Residence. No. _____ St. _____ Ward Logan - 0
(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) Divorced

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

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

7. AGE Years 46 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. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
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) Ohio

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT The Signature of Ohio Penitentiary and (Address) Columbus, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Logan - 0 Date 4-24-30

19. UNDERTAKER Warden W. Logan (Address) _____

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

20. FILED 4/24/30 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30

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 _____ in _____.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Conflagration of 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 A. Murphy M. D.

(Address) 1450 Mt Vernon Ave