

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

1 PLACE OF DEATH

County

*Franklin*

Registration District No.

*392*

File No.

*231113*

Township

Primary Registration District No.

*8187*

Registered No.

*1912*

or Village

*Columbus*

No.

*Ohio Pen*

St.

Ward

or City of

(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

*Walter Whitman No 4*

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

*Charles Williams St.*

Ward.

*unknown*

(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)

*unknown*

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

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

*unknown*

7. AGE

Years *239*

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.

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)

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 and (Address)

*Ohio Pen Records Columbus*

18. BURIAL, CREMATION, OR REMOVAL

Place *East Lawn*

Date *4-26-1930*

19. UNDERTAKER (Address)

*State Burial*

19a. Was body embalmed

*yes* Embalmer's No. *Cols-2492A*

20. FILED

*4/26, 1930*

*J. Williams 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 h\_\_\_\_ 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 at OP*

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 Ave*