

58608

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22869

Township

Primary Registration District No. 8187Registered No. 1667

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

## 2 FULL NAME

Daniel BelcherDid Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_

(a) Residence. No.

Scioto, Co. O.

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

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

Unknown

7. AGE

25

Years

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.Auto. Mechanic.9. Industry or business in which  
work was done, as silk mill  
saw mill, bank, etc.Not10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Unknown

MOTHER FATHER

13. NAME

Gains Belcher14. BIRTHPLACE (city or town)  
(State or country)Ky

15. MAIDEN NAME

Cyrda Sexton16. BIRTHPLACE (city or town)  
(State or country)Ky17. INFORMANT  
The Signature of \_\_\_\_\_  
and (Address) \_\_\_\_\_Julia Belcher  
Columbus, O.

18. BURIAL, CREMATION, OR REMOVAL

Place Lucasville Date Apr 24, 193019. UNDERTAKER  
(Address)Julia Belcher  
Lucasville, O. wife

19a. Was body embalmed

yes Embalmer's No. 2492

20. FILED

4/23

19

30 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 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:

Date of onset

Conflagration  
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 M. D.(Address) 1450 Mt Vernon av