

60537

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22956

Township.....

Primary Registration District No. 8187Registered No. 1755

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 Derald Potts.Did Deceased Serve in
U. S. Navy or Army(a) Residence. No. Anglaize Co.

St., Ward.

Anglaize Co. Ohio
(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years Months Days If LESS than
24 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer
9. Industry or business in which
work was done, as silk mill
saw mill, bank, etc. 6918
10. Date deceased last worked at
this occupation (month and
year) #1. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Deshler Ohio
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME (Mrs) Cora A. Potts, 148
Fine St., Lima O.16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Davis Miller & Son
and (Address) Lima Ohio18. BURIAL, CREMATION, OR REMOVAL
Place Lima O. Date 4-25 193019. UNDERTAKER Davis Miller & Co.
(Address) Lima O.19a. Was body embalmed Yes Embalmer's No. 249220. FILED 4/24 1930 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 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:

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 net Vernon Ave