

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

23113

1 PLACE OF DEATH

County Franklin 61750 Registration District No. 292 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1914
or Village _____ No. Ohio Pen 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 Murphy White May No 6 Did Deceased Serve in _____
Identified at Penitentiary, c/o Donald St. 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 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 28 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. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. The Signature of INFORMANT Ohio Pen Records and (Address) Cols-0

18. BURIAL, CREMATION, OR REMOVAL Place Catholam Date 4-26 1930

19. UNDERTAKER State Burial (Address) _____

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

20. FILED 4/26 1930 JW Keegan 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:

Compensation of OP

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