

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23107
 Township _____ Primary Registration District No. 8187 Registered No. 1907
 or Village _____ No. Ohio Penitentiary St. _____ Ward _____
 or City of Columbus, Ohio (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 1 yrs 2 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME Dorse DeWitt

(a) Residence. No. _____ St. _____ Ward Summit County
 (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) Oct. 16, 1899

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
30 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as Musician
 9. Industry or business in which work was done, as Ohio Penitentiary
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Irvona
 (State or country) Penna

MOTHER FATHER 13. NAME Murphy
 14. BIRTHPLACE (city or town) _____
 (State or country) _____

15. MAIDEN NAME (Mrs.) Mary DeWitt
Irvona, Penna

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

17. The Signature of Informant and (Address) Ohio Pen Records
Colo Ohio

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

19. UNDERTAKER State Burial
 (Address) Colo-Ohio

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

20. FILED 4-26 1930 J. W. Keegan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930

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 6.00 PM

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

190 Conflagration
Ohio Penitentiary

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