

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Franklin

Registration District No. 392

File No. 22839

Township.....

Primary Registration District No. 8187

Registered No. 1637

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 Earl Miller

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Wood Co.

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

Wood Co. Ohio  
(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 (Single)

5a. If married, widowed, or divorced:  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1897

7. AGE Years 23 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. Chef  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) Murphy, N.C.  
(State or country)

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

MOTHER 15. MAIDEN NAME Alice Abernathy, 931 Ada St. Akron.

16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)

17. INFORMANT The Signature of Wm N J. Grills (sister)  
and (Address) akron O.

18. BURIAL, CREMATION, OR REMOVAL Place akron O. Date 4-25-30

19. UNDERTAKER Wm N J. Grills - Akron O.  
(Address)

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/23, 1930. JW Keagy  
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:

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) 1454 2nd Avenue Akron