

55321

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

1 PLACE OF DEATH Franklin

County

Registration District No. 392

File No. 32915

Township

Primary Registration District No. 8187

Registered No. 1744

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 Edward Nagle, Jr

Did Deceased Serve in 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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

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

7. AGE Years 35 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. Chauffeur 9. Industry or business in which work was done, as saw mill, bank, etc. 3996 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

FATHER 16. BIRTHPLACE (city or town) (State or country) Unknown

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

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

19. UNDERTAKER (Address) John B Radel

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

20. FILED 4/24, 1930 J.W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 21-30, 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
180 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) 1440 Mt Vernon Ave