

59590

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22976
Township _____ Primary Registration District No. 8187 Registered No. 1773
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 Scott Did Deceased Serve in _____
(a) Residence. No. _____ Hamilton Cos., O Ward. Hamilton Co., O
(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 Gertrude Scott

6. DATE OF BIRTH (month, day, and year) Nov 30, 1908

7. AGE Years 27 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. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) (State or country) Cincinnati, Ohio

MOTHER 13. NAME _____
14. BIRTHPLACE (city or town) (State or country) Murphy
15. MAIDEN NAME _____
16. BIRTHPLACE (city or town) (State or country) _____

17. The Signature of INFORMANT and (Address) Ohio Pen. Cos. J.

18. BURIAL, CREMATION, OR REMOVAL Place Curtis Date 4-25-1930

19. UNDERTAKER (Address) Keuffner Funeral Co. - Cincinnati 0 2492 A

19a. Was body embalmed Yes Embalmer's No. _____

20. FILED 4/24/30 J.W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19 _____

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 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____
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 G. Murphy M. D. Crover
(Address) 1452 Mt Vernon Av