

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22861
Township _____ Primary Registration District No. 8171 Registered No. 1659
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 Ernest Brown Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. Franklin, Co., O. 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 Negro 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Dec. 27, 1904
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kenova, W. Va.
(State or country)

MOTHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT E. S. White + Sons
The Signature of _____ and (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Burial Home 4-24-30

19. UNDERTAKER Thomas White
(Address) Columbus, 2492 A.

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

20. FILED 4/23 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30
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:
Conflagration
Ohio Penitentiary
Date of onset _____

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 Joseph A. Murphy _____
(Signed) _____ M. D.
(Address) 1450 Mt. Vernon av