

52145

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

1 PLACE OF DEATH

County Franklin CoRegistration District No. 392File No. 22871

Township

Primary Registration District No. 52187Registered No. 1669

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

Forrest BlackDid Deceased Serve in
U. S. Navy or Army

(a) Residence No.

Montgomery Co., O.

Ward

Montgomery Co Ohio
(If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word)
White White Married

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

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

Unknown

7. AGE

Years
36

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.Electrician9. 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
occupation12. BIRTHPLACE (city or town)
(State or country)Unknown U.S.

FATHER

13. NAME

Geo W Black14. BIRTHPLACE (city or town)
(State or country)Ohio

MOTHER

15. MAIDEN NAME

Emma Burkhardt16. BIRTHPLACE (city or town)
(State or country)Edison Ohio17. INFORMANT
The Signature of
and (Address)Hattie B. Black Dayton O.18. BURIAL, CREMATION, OR REMOVAL
PlaceDayton O.Date Apr 24 193019. UNDERTAKER
(Address)Hattie B. Black Dayton O. wife

19a. Was body embalmed

Embalmer's No.

20. FILED

4/23 1930J. Wheelgan 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 him alive on

, 19

death is said

to have occurred on the date stated above at

6 P MThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
of Ohio PenitentiaryCONTRIBUTORY 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) 1432 Mt Vernon Ave