

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23085

1 PLACE OF DEATH

County Franklin Registration District No. 292 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1895  
 or Village \_\_\_\_\_ No. Ohio Pen 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 Frank Vandergrift Did Decedent Serve in U. S. Navy or Army U. S. Army  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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) married  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) unknown  
 7. AGE Years 42 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. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180  
 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) Ind  
 MOTHER 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 17. INFORMANT The Signature of Ohio Pen Records and (Address) Cols Ohio  
 18. BURIAL, CREMATION, OR REMOVAL Place East Lawn Date 4-26 1930  
 19. UNDERTAKER State Burial (Address) \_\_\_\_\_  
 19a. Was body embalmed yes Embalmer's No. 2492A  
 20. FILED 4/26 1930 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1930  
 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 \_\_\_\_\_ m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Conflagration of  
 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 Coroner  
 (Signed) Joseph A. Murphy M. D.  
 (Address) 1450 West Vernonia