

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. 22965

Township

Primary Registration District No. 887

Registered No. 1764

or Village

No.

Ohio Penitentiary

St.

Ward

or City of

Columbus, Ohio

(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 Genaro Salinas

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

Cleveland-Marion

St.,

Ward. Mexico City

Mexico

(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)

Separated
married

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

6. DATE OF BIRTH (month, day, year) Sept. 12, 1905

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

24

8

OCCUPATION

8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

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

1867

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

MOTHER FATHER

13. NAME Pablo S. Villarreal

14. BIRTHPLACE (city or town)
(State or country) Laredo, Mexico

15. MAIDEN NAME Unknown

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

17. INFORMANT
The Signature of
and (Address)

M. H. Sunder
Marion

18. BURIAL, CREMATION, OR REMOVAL

Place Marion Date Apr 26 1930

19. UNDERTAKER M. H. Sunder
(Address) Marion

19a. Was body embalmed? Yes Embalmer's No. 3492A

20. FILED Apr 24 1930
J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____, death is said

to have occurred on the date stated above at 6.00, PM

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 A. Murphy M. D.

(Address) 1450 Mt. Vernon av