

60493

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23892

Township

Primary Registration District No. 8187Registered No. 1690

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 10 mos _____ ds _____

How long in U. S., if of foreign birth?

yrs _____ mos _____ ds _____

2 FULL NAME George Baker

Did Deceased Serve in

U. S. Navy or Army _____

(a) Residence. No. Mahlilton, Ohio

St. _____ Ward _____

Hamilton, Ohio

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 27, 1899

7. AGE

30

Years

Months

11

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as *spinner,*
*sawyer, bookkeeper, etc.*Laborer9. 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)

Hamilton

(State or country)

Ohio

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

(Mrs) Ida Baker,427 W. 4th St.,

16. BIRTHPLACE (city or town)

Hamilton, Ohio

(State or country)

17. INFORMANT

The Signature of _____
and (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Columbus, O Date Apr 24 1930

19. UNDERTAKER

(Address) 104 West 1st St

19a. Was body embalmed?

YesEmbalmer's No. 2492 A20. FILED 4/23

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

_____ 19____ to _____ 19____

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

to have occurred on the date stated above at 8.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
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 fol-
lowing:

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 West Vernon Ave