

58573

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. 23009  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1808  
or Village \_\_\_\_\_ No. Ohio Penitentiary St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME Harold Phillips

Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Jackson County Ohio  
(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) Married

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

6. DATE OF BIRTH (month, day, year) July 8th, 1903

7. AGE Years 26 Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

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

9. Industry or business in which  
work was done, as Farmer  
silk 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) Wilmington  
(State or country) \_\_\_\_\_

13. NAME Lu

14. BIRTHPLACE (city or town) Ohio  
(State or country) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) Wilmington  
(State or country) \_\_\_\_\_

17. The Signature of  
INFORMANT J. W. Kinnison  
and (Address) Oak Hill, O.

18. BURIAL, CREMATION, OR REMOVAL  
Place Oak Hill, O. Date 4-25-1930

19. UNDERTAKER J. W. Kinnison  
(Address) Oak Hill

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

20. FILED 4/24/1930 J. W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930, 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 6.00 PM

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

Date of onset

180 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 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 Mt Vernon Av