

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

22835

1 PLACE OF DEATH  
County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8767

Registered No. 1633

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 Henry Baker

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

St. Ward

Hamilton Co. Ohio

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (month, day, and year) May 3, 1904

\_\_\_\_\_ 19\_\_ to \_\_\_\_\_ 19\_\_

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

I last saw h. alive on \_\_\_\_\_ 19\_\_, death is said

to have occurred on the date stated above at 6 P. m.

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

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

Conflagration  
Ohio penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause:

12. BIRTHPLACE (city or town) Corbin, Ky.  
(State or country)

15. NAME

14. BIRTHPLACE (city or town) Waverly, Ohio  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Waverly, Ohio  
(State or country)

17. INFORMANT The Signature of Records, Ohio Pen  
and (Address) Cole Ohio

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Place Ireland Day 4-24 1930

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.

19. UNDERTAKER Norma Baker  
(Address) wife  
19a. Was body embalmed Yes Embalmer's No. 5002492A

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED 4/23 1930 J. W. Tegan  
Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Joey Joseph Murphy

(Signed) Joey Joseph Murphy M. D.  
(Address) 1400 West Vernon