

56542

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

22950

1 PLACE OF DEATH

County Franklin Registration District No. b 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1749
or Village _____ No. Ohio Penitentiary 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 Herman Pendleton

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. Miami Co. St. _____ Ward _____
(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, and year) unknown

7. AGE Years 23 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.

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

12. BIRTHPLACE (city or town) W. Springfield, Ohio
(State or country)13. NAME Oscar Pendleton14. BIRTHPLACE (city or town) _____
(State or country)15. MAIDEN NAME Martha C. Grant16. BIRTHPLACE (city or town) _____
(State or country) Donaldsville, O.17. INFORMANT H. L. Zeller
and (Address) Springfield, O.18. BURIAL, CREMATION, OR REMOVAL
Place Springfield, O. Date 4-25-3019. UNDERTAKER Chas. F. Jackson
(Address) 710 E. 7th St. Springfield, O.19a. Was body embalmed _____ Embalmer's No. 2492A20. FILED 4-24-30 Registrar J. W. Keegan

MEDICAL CERTIFICATE OF DEATH

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

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

Conflogration
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 Nutt Vernon Ave