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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. 22854  
Township..... Primary Registration District No. 8187 Registered No. 1652  
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 Hobsey O'Brien Did Deceased Serve in U. S. Navy or Army.....  
(a) Residence. No. .... St., .... Ward. Lucas Co.  
(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 Mrs. Margaret O'Brien

6. DATE OF BIRTH (month, day, and year) July 22, 1899

7. AGE Years 30 Months Days If LESS than 1 day, 1 hr. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, salesman, sawyer, bookkeeper, etc. salesman  
9. Industry or business in which work was done, as silk mill, unknown 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) San Francisco, Calif. (State or country)

MOTHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

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

17. INFORMANT The Signature of J.P. Reynolds and (Address) Lucas Co.

18. BURIAL, CREMATION, OR REMOVAL Place Laloda O. Date Apr 24 1930

19. UNDERTAKER Edwin Ryan Undertaking (Address) Columbus

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

20. FILED 4/23 19 30 J.P. Reynolds Registrar.

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 6 p.m.

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:

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 Cancer

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon av