

37020

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22982

1 PLACE OF DEATH  
 County Franklin Registration District No. 392 File No. 22982  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1781  
 or Village \_\_\_\_\_ No. Ohio Penitentiary St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 or City of Columbus, Ohio  
 Length of residence in city or town where death occurred 3 yrs \_\_\_\_\_ mos \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

2 FULL NAME James Anderson Did Deceased Serve in  
 U. S. Navy or Army \_\_\_\_\_  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cleveland, 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) Single

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

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>36</u>				

OCCUPATION  
 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist  
 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) (State or country) Nation Unknown

MOTHER  
 13. NAME Jno Anderson  
 14. BIRTHPLACE (city or town) (State or country) Germany

FATHER  
 15. MAIDEN NAME Anna Miller  
 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT The Signature of Mary Jaimlain and (Address) 3247 Rowland Foreston Mich

18. BURIAL, CREMATION, OR REMOVAL Place Detroit Mich Date 4-25-30

19. UNDERTAKER Al Jaimlain - 3247 Rowland (Address) \_\_\_\_\_

19a. Was body embalmed yes Embalmer's No. Foreston Mich 2494

20. FILED 7/24 1930 JW Keegan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, 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 6.00 PM

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

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 \_\_\_\_\_

(Signed) Joseph A. Murphy M. D.  
 (Address) 1450 Nutcracker Dr