

60780

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22018

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. B111

Registered No. 1847

or Village

No. Ohio Penitentiary 8187

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 James Anderson

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Hamilton, Co., O.

St., Ward.

Hamilton Co 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) Divorced

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

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1893

7. AGE Years 37 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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) Waynesburgh, Ky.  
(State or country)

13. NAME Frank Anderson

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

15. MAIDEN NAME

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

17. The Signature of INFORMANT Ohio Penitentiary Records  
and (Address) Columbus

18. BURIAL, CREMATION, OR REMOVAL Place Curtis Date 4-25-1936

19. UNDERTAKER Buss & Bergman Co.  
(Address) Curtis Ohio

19a. Was body embalmed yes Embalmer's No. 2424

20. FILED 4/25-1936 J.W. Keegan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 P.M.

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

Coronary thrombosis  
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 West Vernon Ave