

59873

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

22058

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 5187 Registered No. 1858  
or Village \_\_\_\_\_ No. \_\_\_\_\_ Ohio Penitentiary Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)  
or City of Columbus  
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 Andrews Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army  
(a) Residence. No. Ohio Penitentiary 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 Unknown  
6. DATE OF BIRTH (month, day, and year) May 12, 1886  
7. AGE Years 43 Months 11 Days 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Virginia

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT The Signature of The Shaw-Davis Company and (Address) Cols this

18. BURIAL, CREMATION, OR REMOVAL Place Pulaski, Va Date 4-26 1930

19. UNDERTAKER Shaw-Davis Co (Address) \_\_\_\_\_

19a. Was body embalmed yes Embalmer's No. Cols 0.2492

20. FILED 4-25 1930 JW Keegan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1930  
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 \_\_\_\_\_ m.

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

Conflagration of  
Date of onset \_\_\_\_\_

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. Corona  
(Address) 1450 West Vernal Ave