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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. 22936

Township Columbus

Primary Registration District No. 8187

Registered No. 1724

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 James Blodgett

Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. No. Cuyahoga Co.

St. _____ Ward _____

Cuyahoga Co., O.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

21. DATE OF DEATH (month, day, and year) Apr. 21, 1930

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at _____ m.

7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
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) _____ Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (city or town) (State or country) _____

Conflagration Ohio Penitentiary

13. NAME _____

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

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

Name of operation _____ Date of _____

15. MAIDEN NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

17. The Signature of INFORMANT and (Address) Ohio Pen Records
Col-0

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date 4-25-30

Specify whether injury occurred in industry, in home, or in public place. _____

19. UNDERTAKER (Address) Wm. S. Prosser (Deceased)
1034 North St. S.E.

Manner of injury _____ Nature of injury _____

19a. Was body embalmed? Yes

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 7/24 1930 J. W. Taggart Registrar.

If so, specify _____ (Signed) Joseph A. Murphy M. D. (Address) 1450 Mt Vernon Ave