

60636

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

22910

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1708

or Village

No. Ohio Penitentiary

St. \_\_\_\_\_ Ward \_\_\_\_\_

or City of Columbus, Ohio.

(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 CollinsDid Deceased Serve in  
U. S. Navy or Army(a) Residence. No. Seneca Co., O.

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

White5. Single, Married, Widowed,  
or Divorced (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Single6. DATE OF BIRTH (month, day, and year) June 5, 1903

7. AGE

Year: 26

Months

Days

If LESS than  
1 day. \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laborer9. 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  
occupation12. BIRTHPLACE (city or town) Italy  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MAIDEN NAME (Mrs.) Lena Minardi, 209 Bird  
Lane, Clarksburg, W.Va.16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT Ohio Pen Records  
and (Address) Col-018. BURIAL, CREMATION, OR REMOVAL  
Place Clarksburg, W.Va Date Apr 24 193019. UNDERTAKER Romit and Co  
(Address) Clarksburg W.Va19a. Was body embalmed yes Embalmer's No. 2492A20. FILED 4/24 19 30 J. W. Keegan  
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 \_\_\_\_\_ m.

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

Date of onset

Conflagration  
Ohio PenitentiaryCONTRIBUTORY 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 fol-  
lowing:

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 Coroner M. D.(Address) 1450 Mt Vernon Av