

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. 22899  
Township \_\_\_\_\_ Primary Registration District No. 8887 Registered No. 1697  
or Village \_\_\_\_\_ No. Ohio Pen. 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 Coulter Did Decedent Serve in  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Hamilton 9-0  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Married</b>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>		
7. AGE <u>32</u>	Years	Months Days If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <i>spinster, sawyer, bookkeeper, etc.</i> <u>Salesman</u>	9. Industry or business in which work was done, as <i>silk mill, saw mill, bank, etc.</i> <u>not known</u>
	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) _____		
MOTHER FATHER	13. NAME _____	
	14. BIRTHPLACE (city or town) _____ (State or country) _____	
	15. MAIDEN NAME _____	
16. BIRTHPLACE (city or town) _____ (State or country) _____		
17. The Signature of Informant and (Address) <u>Ohio Pen Records</u> <u>Pub. O</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lakewood, O.</u> Date <u>Apr 24</u> 19 <u>30</u>		
19. UNDERTAKER <u>William Daniels</u> (Address) <u>Lakewood, O. 2492 A.</u>		
19a. Was body embalmed? <u>yes</u> Embalmer's No. _____		
20. FILED <u>4/23</u> 19 <u>30</u> <u>J. W. Keegan</u> 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 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: 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 Joseph A. Murphy Coroner  
(Signed) \_\_\_\_\_ M. D.  
(Address) 1450 Mt Vernon an