

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22829
Township _____ Primary Registration District No. 8187 Registered No. 1627
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus, Ohio
Length of residence in city or town where death occurred 2 yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME James Fenton (alias) Eli La Roque Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Cleveland & Toledo St., _____ Ward, Cuyahoga County (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 Married

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

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

7. AGE Years 30 Months _____ Days _____ If LESS than 1 day, hr _____ min _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Cook
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 _____

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

FATHER 13. NAME Eli La Roque

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

MOTHER 15. MAIDEN NAME Florence Mayfield

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

17. INFORMANT The Signature of Lester La Roque
and (Address) Toledo Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place St. Regis Date 4/25 1930

19. UNDERTAKER Lester La Roque
(Address) Toledo Ohio

19a. Was body embalmed yes Embalmer's No. 2492A

20. FILED 4/23 1930 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 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 6.00 PM

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

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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Nutterson Ave