

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

47756

1 PLACE OF DEATH
County Franklin Registration District No. 39e File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 3463
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 Raymond 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

MEDICAL CERTIFICATE OF DEATH

3 SEX male
4 COLOR OR RACE white
5 Single, Married, Widowed, or Divorced (write the word) married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Raymond
6 DATE OF BIRTH (month, day, and year) Sept 21-1899
7 AGE Years 30 Months 11 Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8 Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. none
9 Industry or business in which work was done, as alkali mill, saw mill, bank, etc. +++
10 Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (month, day, and year) Aug 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 _____
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Asphyxiation caused by strangulation by hanging in cell of Ohio Penitentiary
CONTRIBUTORY CAUSES of importance not related to principal cause: suicide

12. BIRTHPLACE (city or town) _____ (State or country) Ohio
13. NAME Edward Ray Sullivan
14. BIRTHPLACE (city or town) _____ (State or country) Ohio
15. MAIDEN NAME Mary (Sullivan)
16. BIRTHPLACE (city or town) _____ (State or country) Ohio

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.

The Signature of Ohio Pen Records
17. INFORMANT and (Address) Columbus
18. BURIAL, CREMATION OR REMOVAL Place Home Date 8-23-30
19. UNDERTAKER W. J. Hayes & Sons Co
19a. Was body embalmed yes Embalmer's No. 3198-A
20. FILED 8-21-30 J. W. Keegan Registrar

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. Coroner
Date 8/21/30 Address 1450 Mt Vernon