

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

23110

1 PLACE OF DEATH

County

Franklin

Registration District No.

392

File No.

Township

Primary Registration District No.

8187

Registered No.

1917

or Village

Columbus

No.

Ohio Pen

St.

Ward

or City of

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

Unknown white man 709

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Jesse Baughman 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

white

5. Single, Married, Widowed, or Divorced (write the word)

Unknown

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

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

Unknown

7. AGE

Years

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.

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)

11. Total time (years) spent in this occupation

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

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)

Ohio Pen Records
Columbus

18. BURIAL, CREMATION, OR REMOVAL

Place

East Lawn

Date

4-26 1930

19. UNDERTAKER

(Address)

State Burial

19a. Was body embalmed

yes

Embalmer's No.

24924

20. FILED

4/26 1930

J. W. Teague

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/21, 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 of O.P.

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 Mt Vernon Ave