

58641

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

22081

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1854  
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  
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 Joe Reno Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. Trumbull Co. St. \_\_\_\_\_ Ward. Trumbull Co. Ohio  
(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) Single

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

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

7. AGE Years 26 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly at Hospital

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) 18

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) unknown

13. NAME \_\_\_\_\_

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) unknown

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) unknown

17. The Signature of INFORMANT Ohio Pen Records and (Address) Cole Ohio

18. BURIAL, CREMATION, OR REMOVAL  
Place not known Date 4-26 1930

19. UNDERTAKER O'Shaughnessy Co - Cts (Address) \_\_\_\_\_

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

20. FILED 4-25 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 \_\_\_\_\_ m.

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

Asphyxiation  
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) 1400 not known