

58261

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

22857

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. _____

Township _____

Primary Registration District No. 8187

Registered No. 1655

or Village _____

No. Ohio Pen.

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 John Adkins

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

St. _____ Ward _____

Franklin Co - O

(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 24 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
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) 7/31/18 11. Total time (years) spent in this occupation _____

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

13. NAME Marion Adkins

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

15. MAIDEN NAME Laura Watson

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

17. INFORMANT Herbert Adkins
and (Address) 267 7/2 Embler's on Parkville

18. BURIAL, CREMATION, OR REMOVAL
Place Government Date Apr 24 1930

19. UNDERTAKER Herbert Adkins
(Address) Parkville, O. 2492A

19a. Was body embalmed _____ Embalmer's No. _____

20. FILED 4/23 1930 J. W. Keegan
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 him 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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt. Vernon