

50525

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23929

Township

Primary Registration District No. 8187Registered No. 1727

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 John DoeDid Decedent Serve in
U. S. Navy or Army(a) Residence. No. Warren Co.

St. _____ Ward _____

Warren Co., O.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) unknown

7. AGE

36

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.Farmer9. 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
occupation12. BIRTHPLACE (city or town)
(State or country) W. Va.

13. NAME

14. BIRTHPLACE (city or town)
(State or country) W. Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) W. Va.17. INFORMANT Ohio Pen Records
and (Address) Columbus, O.

18. BURIAL, CREMATION, OR REMOVAL

Place Hamilton Date 4-25 193019. UNDERTAKER Albert P. Wagner
(Address) 337 Ludlow St. 2492419a. Was body embalmed Yes Embalmer's No. _____20. FILED 4/24 1930Hamilton
W. Va. 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 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:Conflagration at Ohio Pen. Date of onset _____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 fol-
lowing:

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 Coroner M. D.(Address) 1450 Mt. Vernon Ave.