

59387

 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

 County ~~Hamilton~~ **Franklin** Registration District No. **392** File No. **22013**  
 Township \_\_\_\_\_ Primary Registration District No. **8187** Registered No. **1842**  
 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 Kerr** Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
 (a) Residence, No. **Hamilton Co.** St., \_\_\_\_\_ Ward \_\_\_\_\_ **Hamilton 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) **Aug. 20, 1905**

 7. AGE Years **24** 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. **Truck Driver.**  
 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) **Portsmouth, Ohio.**  
 (State or country)

MOTHER FATHER 13. NAME \_\_\_\_\_

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

 15. MAIDEN NAME **(Mrs.) Lizzie Kerr,**  
**Newport, Ky.**

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

 17. INFORMANT The Signature of **Ohio Winkler News**  
 and (Address) **Cols O.**

 18. BURIAL, CREMATION, OR REMOVAL Place **Newport Ky** Date **4-26-30**

 19. UNDERTAKER **Winkler News - Costigan & Kell**  
 (Address) **835 York St. Newport Ky**

 19a. Was body embalmed **yes** Embalmer's No. **24912A**

 20. FILED **4/25-1930** **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 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**  
**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**