

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

1 PLACE OF DEATH

County

Franklin

Registration District No.

392

File No.

23118

Township

Primary Registration District No.

8187

Registered No.

1920

or Village

Columbus

No.

Ohio Pen

St.

Ward

or City of

(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

mos.

ds.

How long in U. S., if of foreign birth?

mos.

ds.

2 FULL NAME

John Spores

Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

(Usual place of abode)

St.

Ward

Lucas Ohio

(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)

Married

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

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

unknown

7. AGE

Years
31

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

none 180

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

N.Y.

13. NAME

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

15. MAIDEN NAME

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

The Signature of 17. 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. *2442 A.*

20. FILED

4/26 1930

gus keegan 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:

Conflagration 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)

(Address)

Joseph A. Murphy M. D. 1450 Mt Vernon