

61416

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22987

Township

Primary Registration District No. 8187Registered No. 1735

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

Jos. AndersonDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

Franklin Co, 0

St.,

Ward.

(Usual place of abode)

(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)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRoz ella Anderson

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

Aug 28, 1897

7. AGE

Years
32

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.Drop forge man9. 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 life (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Phila, Pa

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. The Signature of
INFORMANT and (Address)Ohio Pen Records
Cols - 0.

18. BURIAL, CREMATION, OR REMOVAL

Place Cols - Ohio Date 4-24 193019. UNDERTAKER
(Address)Egan and W - Cols - 0

19a. Was body embalmed

yesEmbalmer's No. 2492A

20. FILED

4-24 1930J. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

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

Date of onset

Non-RespirationOhio PenitentiaryCONTRIBUTORY 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)

(Address)

Joseph A Murphy
1430 Mt Vernon Ave

M. D.