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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22985

Township

Primary Registration District No. 8187Registered No. 1733

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

2 FULL NAME Montrose HickmanDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Ross, Co., O.

St., Ward

Ross Co., O.
(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) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years Months Days If LESS than
24 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer9. 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) 1869 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Unknown13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT Ohio Penitentiary
and (Address) Columbus, O.18. BURIAL, CREMATION, OR REMOVAL
Place Columbus, O. Date 4-24-3019. UNDERTAKER P. V. Whitall
(Address) Columbus, Ohio19a. Was body embalmed? yes Embalmer's No. 2492A20. FILED Apr 24 1930 Wheegun
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 at 6.P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Confagration
Ohio 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) Joseph A. Murphy M. D.(Address) 1450 West Vernon Ave