

47100

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

23023

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8187

Registered No. 1522

or Village

No. Ohio Pen

St., Ward

or City of Columbus-O.

(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 Patrick Miller

Did Deceased Serve in U. S. Navy or Army

(a) Residence No. Ohio Penitentiary

St., Ward

Unknown

(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) Unknown

7. AGE Years 64 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. none 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) (State or country) Ireland

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT The Signature of Ohio Penitentiary and (Address) Columbus O.

18. BURIAL, CREMATION, OR REMOVAL Place Cath Cem with Date 4-25-30

19. UNDERTAKER Rev. Albert O. Brien (Address) 90 Ohio Pen 24924

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/24 1930 J. W. Leegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930

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 m.

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

Complication of O.P.
180

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) 1440 2nd Venon Ave