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 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

 County Franklin Registration District No. 392 File No. 22810  
 Township \_\_\_\_\_ Primary Registration District No. 61718157 Registered No. 1617  
 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 Raymond, Hickman
 Did Deceased Serve in  
 U. S. Navy or Army \_\_\_\_\_

 (a) Residence. No. Franklin, Co., O. 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 Negro 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) 11/11/1900
 7. AGE Years 30 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

 OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Windsor, O.  
(State or country) London13. NAME Gilbert Hickman14. BIRTHPLACE (city or town) Springfield - O.  
(State or country) \_\_\_\_\_15. MAIDEN NAME Edith Price16. BIRTHPLACE (city or town) London - O.  
(State or country) \_\_\_\_\_17. INFORMANT Lawton Hickman (brother)  
and (Address) Cols - O.18. BURIAL, CREMATION, OR REMOVAL  
Place London - O. Date 4-25-3019. UNDERTAKER Lawton Hickman (brother)  
(Address) Cols - O.19a. Was body embalmed yes Embalmer's No. 2492A.20. FILED 4/23, 1930 J. 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 h\_\_\_\_\_ 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

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 av