

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22917

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 8787

Registered No. 1746

or Village \_\_\_\_\_

No. The Pen

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 Phelps

Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

(a) Residence. No. \_\_\_\_\_ (Usual place of abode)

St. \_\_\_\_\_ Ward Hocking (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 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. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) Hocking, Ohio

FATHER 13. NAME John Phelps

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

MOTHER 15. MAIDEN NAME May Phelps

16. BIRTHPLACE (city or town) (State or country) Buckley, Ohio

17. The Signature of INFORMANT and (Address) J. M. Brumme Athens, O.

18. BURIAL, CREMATION, OR REMOVAL Place Nelsonville Date April 25 19 30

19. UNDERTAKER The E. C. Armenty Co. (Address) 251 N. 20th St. Colo. Ohio

19a. Was body embalmed yes Embalmer's No. 2492H

20. FILED 4-24 19 30 J. W. 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  
OP.

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 Ave