

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 22981  
Township \_\_\_\_\_ Primary Registration District No. 9187 Registered No. 1780  
or Village \_\_\_\_\_ No. Ohio Pen. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Robert Anderson Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. 276 1/2 Rich St Ward. Franklin Co - 0  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russie Anderson

6. DATE OF BIRTH (month, day, and year) 10-9-1898

7. AGE Years 33 Months 6 Days 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman in Hoopster Bureau

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holland Packing Co

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) Race O. Unknown

13. NAME Samuel Joseph Anderson

14. BIRTHPLACE (city or town) (State or country) W. Mt Carmel Ohio

15. MAIDEN NAME Barbara Phingles

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

17. The Signature of INFORMANT and (Address) R. L. Donaldson Col. Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Last Home Date 4-25-30

19. UNDERTAKER Leaton & Donaldson Col. Ohio

19a. Was body embalmed? Yes Embalmer's No. 2492

20. FILED 4-24-30 1930 Registrar. J. W. Keegan

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Apr. 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 6 p. m.

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

Cause of Death	Date of onset
<u>Conflagration</u>	
<u>Ohio Penitentiary</u>	

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?  
A. If so, specify Joseph A. Murphy M. D.  
(Signed) \_\_\_\_\_ (Address) 1450 Mt Vernon Av

Anderson 276 1/2 Rich St.