

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

53921
1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22972
Township..... Primary Registration District No. 8187 Registered No. 1771
or Village..... No. Ohio Penitentiary St.,..... Ward.....
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 Nance Did Deceased Serve in
U. S. Navy or Army
(a) Residence. No. St., Ward. Butler Ohio
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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 38 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. 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) 10/6/18 Total time (years) spent in this occupation.

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country) unknown
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT The Signature of Ohio Pen and (Address) Cols - Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton O. Date 4-24-30

19. UNDERTAKER Greene + Son - Hamilton O. (Address)
19a. Was body embalmed yes Embalmer's No. 2492 A.

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

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.....m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Conflagration
Ohio Penitentiary Date of onset

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 Crown
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt Vernon Ave