

58571

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23000

Township

Primary Registration District No. 8187Registered No. 1890

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 Robert SleanDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

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 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 24 Months _____ Days _____
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular
kind of work done, as Painter
spinner, sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as 180 Penitentiary
silk 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) Unknown
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Unknown
(State or country)17. The Signature of
INFORMANT Ohio Pen Records
and (Address) Cols. O.

18. BURIAL, CREMATION, OR REMOVAL

Place East Lawn Date 4-26 19. 3019. UNDERTAKER State Burial
(Address)19a. Was body embalmed. Yes Embalmer's No. 2492A.20. FILED 4/26 19. 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:

Date of onset

180 Penitentiary
ConflagrationCONTRIBUTORY 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 fol-
lowing:

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