

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

60429

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22850

Township

Primary Registration District No. 8187

Registered No. 1648

or Village

No. Ohio Penitentiary

St. _____ Ward _____

or City of Columbus, Ohio

(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

How long in U. S., if of foreign birth?

2 FULL NAME Robert Stone

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. Elliston Va
(Usual place of abode)

St. _____ Ward Franklin Co Q
(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) Married

5a. If married, widow, or divorced, name of HUSBAND or WIFE of Mrs. Grace Stone
1943 Danbar Drive
Columbus, Ohio

6. DATE OF BIRTH (month, day, year) June 20, 1880

7. AGE Years 49 Months 10 Days _____ If LESS than 1 day, _____ hra. or _____ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confederation Ohio Penitentiary
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 180

12. BIRTHPLACE (city or town) (State or country) Elliston Virginia

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT The Signature of J. F. Merrick and (Address) 3217 N High St

18. BURIAL, CREMATION, OR REMOVAL Place Cols - C Date 4-25-30

19. UNDERTAKER J. F. Merrick & Co (Address) _____

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4-23, 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 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 6.00 PM

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

Confederation 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 West Vermont