

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 23879
Township..... Primary Registration District No. 8187 Registered No. 1677
or Village..... No. Ohio Pen. 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 Rolland J. Taylor Did Deceased Serve in
(a) Residence. No. St., Ward. Clark U. S. Navy or Army
(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)
Single

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

6. DATE OF BIRTH (month, day, and year) Mar. 20, 1908

7. AGE Years 22 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. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
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) New Lexington, Ohio
(State or country)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

15. BIRTHPLACE (city or town) unknown
(State or country)

17. The Signature of INFORMANT Ohio Pen Records
and (Address) 245-0

18. BURIAL, CREMATION, OR REMOVAL
Place New Lexington Date Apr 24 1930

19. UNDERTAKER G. D. Clute
(Address) New Lexington, Ohio

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

20. FILED 4-23 1930 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 him 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: Date of onset

Conflogration
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 Mt Vernon Ave