

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

58943

23100

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 5187 Registered No. 1900  
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 Roy Perkins Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. Warren Co., O St. \_\_\_\_\_ Ward. Warren Co. Ohio  
(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 Married  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) Unknown  
7. AGE Years 45 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. 180  
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) \_\_\_\_\_

MOTHER FATHER 13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL Place East Lawn Date 4-26-30

19. UNDERTAKER State Burial (Address) \_\_\_\_\_

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

20. FILED 4/26-30 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19\_\_\_\_  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 6 P.M., 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 \_\_\_\_\_

Conflagration  
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 av