

60290

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. 22906
Township Columbus Primary Registration District No. 8187 Registered No. 1704
or Village Columbus No. Ohio Penitentiary St. _____ Ward _____
(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 Samuel Mann
(a) Residence. No. Columbiana Co. St. _____ Ward Columbiana Co., O.
(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) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Mrs. Elva Mann**
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Sept. 4, 1898**

7. AGE Years 31 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. **786918**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) **East Liverpool**
(State or country) **Ohio**

FATHER 13. NAME **Mann**

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

MOTHER 15. MAIDEN NAME _____

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

17. The Signature of INFORMANT **O.P. Reynolds**
and (Address) **Cols. O.**

18. BURIAL, CREMATION, OR REMOVAL
Place **Martins Ferry** Date **Apr 24 1930**

19. UNDERTAKER **Martins Ferry Home**
(Address) **Martins Ferry, Ohio**

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

20. FILED **4/24 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 _____ m.

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

Time 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 2nd Avenue**