

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

23072

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 8187
Township _____ Primary Registration District No. 8187 Registered No. 1872
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, Ohio
Length of residence in city or town where death occurred _____ yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Harold Schuck Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward. Cuyahoga County
(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

3a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Mrs. Emma Schuck 9510 Gibson Ave., Cleveland, Ohio

6. DATE OF BIRTH (month, day and year) Dec 12, 1900

7. AGE Years 29 Months 8 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer Clerk

9. Industry or business in which work was done, as silk mill, saw 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) Pittsburgh (State or country) Pennsylvania

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT The Signature of S. D. Miller and (Address) Cleveland - O.

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland - O. Date 4-25-30

19. UNDERTAKER S. D. Miller Funeral Home (Address) Springfield - O.

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

20. FILED 4/25-1930 Registrar J. W. Keegan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 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 6.24 P. M.

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