

61772

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. 23101
Township _____ Primary Registration District No. 8187 Registered No. 1901
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 Harry Neri Did Deceased Serve in
U. S. Navy or Army
(a) Residence. No. Summit Co. St., _____ Ward. _____
(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) Single

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

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1886

7. AGE Years 43 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Moulder
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 769 / 180
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years,
months, days) spent in this
occupation _____

12. BIRTHPLACE (city or town) Monterey
(State or country) Mexico

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME Mrs. Elizabeth Neri

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

17. INFORMANT Ohio Pen Records
and (Address) Cols. 0

18. BURIAL, CREMATION, OR REMOVAL
Place East Lawn Date 4-26 1930

19. UNDERTAKER State Burial
(Address) _____

19a. Was body embalmed yes Embalmer's No. Cols. 0-2042

20. FILED 4/26 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 h_____ 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: _____ 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 fol-
lowing:

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