

61273

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22888

Township

Primary Registration District No. 6187Registered No. 1686

or Village

No. Ohio Pen

St., _____ Ward

or City of Columbus

(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 Harvey LeiberDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

St., _____ Ward.

(If nonresident give city or town and State)

(Usual place of abode)

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 _____
 (or) WIFE of Mrs. Vera Leiber
6. DATE OF BIRTH (month, day, and year) Dec. 26, 1903
 7. AGE Years 21 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. 869
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 18
12. BIRTHPLACE (city or town) Defiance, Ohio.
(State or country)13. NAME Thomas Leiber14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT O. Pen Records Co
The Signature of _____ and (Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mandale, O Date 4-23-3019. UNDERTAKER Walter Breckenman
(Address) Delphos, O19a. Was body embalmed yes Embalmer's No. 2492A20. 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 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

Congestion
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 Nuttenden av