

59483

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22602

Township

Primary Registration District No. 8167Registered No. 1791

or Village

No. Ohio Penitentiary

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

Pat Hannah

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Cuyahoga, Co., St.

Ward

Cuyahoga Co. - Ohio
(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) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan 29-18987. AGE Years 31 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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 (year) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland Ohio
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Mary Nash16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Ohio Penitentiary
The Signature of _____ and (Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland O. Date 4-26-3019. UNDERTAKER Mrs. Anna Nash
(Address) 7400 Grace Ave Cleveland19a. Was body embalmed Yes Embalmer's No. 2492A20. FILED 4/24 1930 W. J. 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 him alive on _____, 19____, death is said to have occurred on the date stated above at 6 P.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 Coroner(Signed) Joseph A. Murphy M. D.(Address) 1450 West Vermont Ave