

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

28054

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8187

Registered No. 1854

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

ys. mos. ds.

How long in U. S., if of foreign birth?

ys. mos. ds.

2 FULL NAME

Arthur James Allen

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

(Usual place of abode)

St. Ward

Cincinnati O.

(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) unknown

7. AGE Years 23 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.
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
none 180

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

Ohio

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT Ohio Pen Records and (Address) Cols - O.

18. BURIAL, CREMATION, OR REMOVAL Place Cincinnati O. Date 4-26 1930

19. UNDERTAKER John Leitenecker + Son (Address) Cinti 24924

19a. Was body embalmed yes Embalmer's No. 24924

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21 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:

Date of onset

Conflagration P.

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 Crown

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Av