

61335

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Franklin

CERTIFICATE OF DEATH
Registration District No. 392

22087

File No. 1786

Township

Primary Registration District No. 8187

Registered No. 1786

or Village
or City of Columbus

No. Ohio Pen. St. _____ Ward _____
(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 Benjamin Allman

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____
(Usual place of abode)

St. _____ Ward _____ Washington County, O.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. 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 Mrs. Bertha Allman
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 20, 1899

7. AGE Years 30 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. R.R. Worker
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) San Atio, Mexico
(State or country) _____

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. The Signature of INFORMANT Ohio Pen
and (Address) Cols. O.

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

19. UNDERTAKER Douglas + McChesney
(Address) Marietta O.

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

20. FILED 4/24/30 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 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

Soufflageation
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. Vernon av