

52083

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22008

Township

Primary Registration District No. 8187Registered No. 1898

or Village

No. Ohio Penitentiary

St. _____ Ward _____

or City of Columbus, Ohio

(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 6 yrs. 10 mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME

Carl HensenDid Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

(Usual place of abode)

St. _____ Ward _____

Summit County
(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) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years Months Days If LESS than
30 1 day, _____ hrs.
or _____ min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Machinist
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 18012. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Unknown
(State or country)17. The Signature of Ohio Penitentiary
INFORMANT and (Address) Cols. O.

18. BURIAL, CREMATION, OR REMOVAL

Place East Lawn Date 4-26 193019. UNDERTAKER State Burial Co.(Address) _____
19a. Was body embalmed Yes Embalmer's No. 2492A20. FILED 4/26 1930 Jurkegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930, 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 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows: Conflogeration
Ohio Penitentiary

Date of onset

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 East Union St.