

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

68201

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22930
Township _____ Primary Registration District No. 8187 Registered No. 1728
or Village _____ No. Ohio Pen. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 Charles Fiehrer Did Deceased Serve in
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward. Butler Co.
(Usual place of abode) (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) Separated married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Sept. 28, 1904
7. AGE Years 35 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. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no 69 180
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hamilton, Ohio
(State or country)

FATHER 13. NAME Unknown
14. BIRTHPLACE (city or town) _____
(State or country)

MOTHER 15. MAIDEN NAME (Mrs.) Josephine Young
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT The Signature of Shad Brown
and (Address) Hamilton, O

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton, O Date 4-24-1930

19. UNDERTAKER Shad Brown
(Address) Hamilton, O

19a. Was body embalmed yes Embalmers No. 2492A

20. FILED 4/24 1930 J.W. Keigum
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:

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 Cancer
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt Vernon St