

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

23018

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23018
Township _____ Primary Registration District No. 8187 Registered No. 1812
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus, Ohio

Length of residence in city or town where death occurred 1 yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Charles Harris Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. West Virginia St. _____ Ward _____ Wheeling, W. Va
(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) Married

5a. If married, widowed, or divorced HUSBAND of Miss Winnie Winters (or) WIFE of 606 High St., Wheeling, Va.

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1901

7. AGE Years 28 Months 7 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as Cook spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as Penitentiary silk mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 180

12. BIRTHPLACE (city or town) Wheeling (State or country) W. Va

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 and (Address) Ohio Penitentiary
Cols 0

18. BURIAL, CREMATION, OR REMOVAL Place Wheeling, W. Va Date 4-25-30

19. UNDERTAKER (Address) Wheeler Street 5 - Wheeling

19a. Was body embalmed yes Embalmer's No. 24926 W. Va

20. FILED 4/24, 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 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 6.00 PM

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

180
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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 West Vernon Ave