

61599

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

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 22830  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1678  
or Village \_\_\_\_\_ No. \_\_\_\_\_ Ohio Penitentiary 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 Dale W. Harmon Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. Union Co, Ohio St. \_\_\_\_\_ Ward. Union 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) Divorced

5a. If married, widowed, or divorced HUSBAND of Alma Harmon (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Sept 2 1900

7. AGE Years 29 Months 6 Days 29 If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3 Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chrysler Motor Co

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ a1. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Ballyon Pw (State or country) \_\_\_\_\_

13. NAME Richard Harmon

14. BIRTHPLACE (city or town) Ballyon Pw (State or country) \_\_\_\_\_

15. MAIDEN NAME Mary Logus

16. BIRTHPLACE (city or town) Ballyon Pw (State or country) \_\_\_\_\_

The Signature of 17. INFORMANT Richard Harmon and (Address) Indels Pw

18. BURIAL, CREMATION, OR REMOVAL Place Calumet Date Apr 24 1930

19. UNDERTAKER Coff & Son (Address) Columbus

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

20. FILED 4/23 1930 J W Keegan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30

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
<u>Conflagration</u>	
<u>Ohio Penitentiary</u>	

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 Coroner  
(Signed) Joseph A. Murphy M. D.  
(Address) 1456 West Vernon Av