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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 1603

Township

Primary Registration District No. 8187

Registered No.

or Village

No. Ohio Pen.

St. _____ Ward _____

or City of Columbus

(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

Frank Klayman

Did Deceased Serve in

U. S. Navy or Army

(a) Residence, No. _____

(Usual place of abode)

St. _____ Ward _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 16, 1900

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.29

OCCUPATION

8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Chauffeur9. 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
occupation12. BIRTHPLACE (city or town)
(State or country)Russia
London, England

13. NAME

Max Klayman14. BIRTHPLACE (city or town)
(State or country)Russia

15. MAIDEN NAME

(Mrs.) Rebecca Steinberg16. BIRTHPLACE (city or town)
(State or country)Russia17. The Signature of
INFORMANT
and (Address)Irving Klayman
Detroit - Mich18. BURIAL, CREMATION, OR REMOVAL
PlaceDetroit - MichDate 4-25-193019. UNDERTAKER
(Address)Irving Klayman
2462 St. Detroit19a. Was body embalmed yes

Embalmer's No. _____

20. FILED

4/23

1930

Justeeg an
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

Conflagration at CPCONTRIBUTORY 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 Cover M. D.(Address) 1450 Mt Vernon av