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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23894

Township

Primary Registration District No. 6167Registered No. 1672

or Village

No. Ohio Penitentiary

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

Fred Hein,Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence. No. _____

Cuyahoga Co., O

St. _____ Ward _____

(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 Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 26, 19017. AGE Years Months Days If LESS than
1 day. hrs. or min. 28OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Musician
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. machinist
10. Date deceased last worked at
this occupation (month and
year) 7/19/30 11. Total time (years)
spent in this
occupation 1812. BIRTHPLACE (city or town)
(State or country) Cleveland, Ohio13. NAME unknown14. BIRTHPLACE (city or town)
(State or country) unknown15. MAIDEN NAME Martha Hein16. BIRTHPLACE (city or town)
(State or country) unknown17. INFORMANT The Signature of Lyle Marks
and (Address) Cleveland - O.18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland, O. Date Apr. 24, 193019. UNDERTAKER S. H. Johnson
(Address) 5314 Macauley Ave. Cleveland, O.

19a. Was body embalmed _____ Embalmer's No. _____

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 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 P M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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 Coroner M. D.(Address) 1450 West Vernon Ave