

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

22986

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1886  
or Village Columbus O No. Ohio Pen St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of \_\_\_\_\_ (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 Hamilton Krussig

Did Deceased Serve in U. S. Navy or Army? \_\_\_\_\_

(a) Residence. No. Columbus Ohio 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 (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Krussig

6. DATE OF BIRTH (month, day, and year) July 31 1899

7. AGE Years 30 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. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Woodsboro Ohio

MOTHER 13. NAME Arthur W. Krussig

14. BIRTHPLACE (city or town) (State or country) Columbus Ohio

15. MAIDEN NAME Mary E. Bethel

16. BIRTHPLACE (city or town) (State or country) Columbus Ohio

17. The Signature of INFORMANT and (Address) Ohio Pen Records Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Columbus O Date 4/26 1930

19. UNDERTAKER (Address) Columbus O

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

20. FILED 4/26 1930 Registrar J. W. Keegan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-1930

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 \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Conflogration 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 Mt Vernon Av