

60691

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. 22860
 Township..... Primary Registration District No. 8187 Registered No. 1658
 or Village..... No. Ohio Pen. St. Ward

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 Harold Allen

Did Deceased Serve in
U. S. Navy or Army
Clermont Co. &

(a) Residence. No. 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) Single

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

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1904

7. AGE Years 25 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. Laborer
9. 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
occupation.

12. BIRTHPLACE (city or town) Cincinnati, Ohio
(State or country)

FATHER 13. NAME William Allen

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER 15. MAIDEN NAME Mary Krupp

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

17. INFORMANT William Allen
and (Address) Cincinnati, Ohio

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

19. UNDERTAKER William Allen
(Address) Cincinnati

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

20. FILED 4123 19 30 Joe Keegan
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
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 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 Crown

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon