58627

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22868

1 PLACE OF DEATH

County..**Franklin**.... Registration District No. 392 ... File No..........

Township............... Primary Registration District No. **8187** Registered No. **1646**

or Village.................. No. **Ohio Penitentiary** ....St., ...Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of **Columbus**

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 Thomas

Did Deceased Serve in
U. S. Navy or Army............

(a) Residence. No. **Wood Co.** ....St., ...Ward. **Wood Co. Ohio**

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX | **4. COLOR OR RACE** | **5. Single, Married, Widowed, or Divorced (write the word)**

Male | **White** | **Married**

21. DATE OF DEATH (month, day, and year) **Apr. 21, 1930**

5a. If married, widowed or divorced
HUSBAND of **Mrs. Helene Thomas**
(or) WIFE of

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 ....m.

6. DATE OF BIRTH (month, day, and year) **Jan. 28, 1905**

7. AGE Years **25** | Months | Days | If LESS than 1 day, ...hrs. or ....min.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: | Date of onset

8. Trade profession, or particular kind of work done, as *spinner, sawyer, bookkeeper,* etc. **Truck Driver**

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) | Total time (years) spent in this occupation.

Conflagration

Ohio penitentiary

12. BIRTHPLACE (city or town)
(State or country) *Tiffin Ohio*

13. NAME *Edward Thomas*

14. BIRTHPLACE (city or town)
(State or country) *Mich.*

15. MAIDEN NAME *Rose Workman*

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

17. The Signature of
INFORMANT *Carl E. Thomas*
and (Address) *Marion, O.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Marion, O.* Date *Apr 24 1930*

19. UNDERTAKER *Carl E. Thomas*
(Address) *Marion* Bro. *2492 A*
19a. Was body embalmed *yes* Embalmer's No.

20. FILED **4/23** .19**30** *J W Keegan*
Registrar.

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) *1450 mt Vernon av*