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. _____

Township _____ Primary Registration District No. **8187** Registered No. **1604**

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 *Harrison Bush*

(a) Residence. No. _____ St., _____ Ward. Did Deceased Serve in U. S. Navy or Army _____ **Coshocton County**

(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** | **Single**

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.

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

6. DATE OF BIRTH (month, day, and year) **May 4, 1889**

7. AGE Years **4 0** 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

Conflagration of O P

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OCCUPATION

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

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

CONTRIBUTORY CAUSES of importance not related to principal cause:

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

FATHER

13. NAME

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER

15. MAIDEN NAME

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

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.

17. The Signature of INFORMANT and (Address) *O P Records — Columbus Ohio*

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
Place *Warsaw O.* Date *4-23* 19 *30*

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER *Urey Bros - Warsaw O.*
(Address)
19a. Was body embalmed *yes* Embalmer's No. *948 A*

If so, specify _____
(Signed) *Joseph A Murphy* M. D.
(Address) *1450 Mt Vernon av*

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

Coroner