

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. 13022  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1821  
 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

Harry C Prater Did Deceased Serve in U. S. Navy or Army? Springfield O.  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>		
7. AGE Years <u>38</u>	Months _____	Days _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		
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) <u>Big Springs - O.</u>		
13. NAME <u>Stanley Prater</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
15. MAIDEN NAME <u>Lizzie Brown</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
17. SIGNATURE OF INFORMANT <u>Lizzie Brown</u> Address <u>Springfield O.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Springfield O.</u> Date <u>4-25-30</u>		
19. UNDERTAKER Address <u>Jackson Funeral Home Springfield O.</u>		
19a. Was body embalmed? <u>yes</u> Embalmer's No. _____		
20. FILED <u>4/24, 1930</u> <u>J. W. Keegan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 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:

	Date of onset
<u>180 Conflagration</u>	
<u>O.P.</u>	

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