

59806

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22937

Township

Primary Registration District No. 8187Registered No. 1725

or Village

No. Ohio Penitentiary

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 CohenDid Deceased Serve in
U. S. Navy or Army _____(a) Residence. No. Franklin Co.

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

White5. Single, Married, Widowed,
or Divorced (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 11, 1905

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.24

OCCUPATION

8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Machinist9. 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)

(State or country)

Kentucky

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

(Mrs.) Rosella Cohen, 97 W.
Main St., Col. O.

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT
The Signature of
and (Address)Geo. Cohen
Circleville - O.

18. BURIAL, CREMATION, OR REMOVAL

Place ohio 1stDate 4-23-30

19. UNDERTAKER

(Address)

Cook + Son - Col - O

19a. Was body embalmed

yes

Embalmer's No.

24924

20. FILED

4/24-30

19

J. W. 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 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

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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

(Signed)

(Address)

Joseph A. Murphy
1450 2nd Street

M. D.