

55481

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22928

Township

Primary Registration District No. 8187 Registered No. 1726

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, Ohio

Length of residence in city or town where death occurred 4 yrs 1 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Harry E. Duncan

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

(a) Residence. No. _____ St. _____ Ward _____

Marion County
(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) Divorced

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

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 45 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Machinist

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) _____ i. Total time (years) spent in this occupation 20 69 / 180

12. BIRTHPLACE (city or town) unknown
(State or country)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT The Signature of Ohio Pen Records
and (Address) Col. 0

18. BURIAL, CREMATION, OR REMOVAL Place Winchester, O. Date 4 25 19 30

19. UNDERTAKER Plateman and W. Zarewille
(Address)

19a. Was body embalmed yes Embalmer's No. 249 2th

20. FILED 4/24 1930 JW Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11, 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 6.00 PM

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

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 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 _____

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