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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22934

Township

Primary Registration District No. 8187 Registered No. 1722

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 VinerDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Mahoning Co., O

St. _____ Ward _____

Mahoning Co., O.
(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) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 18, 19117. AGE Years 19 Months _____ Days _____ If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinning
sawyer, bookkeeper, etc. Blacksmith's helper9. 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) Austria

13. NAME

14. BIRTHPLACE (city or town)
(State or country) Winkum15. MAIDEN NAME (Mrs.) Mary Viner16. BIRTHPLACE (city or town)
(State or country) Winkum17. INFORMANT The Signature of Ohio Pen Records
and (Address) Cats. O.18. BURIAL, CREMATION, OR REMOVAL
Place Gramplyn Date 4-25-3019. UNDERTAKER J. S. Vasicka
(Address) 338 Boonville St. 2492 H19a. Was body embalmed Yes Embalmer's No. _____20. FILED 4/24 1930 J. W. Keegan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 1922. 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 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows: _____ Date of onset _____Pyelonephritis
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) Joseph A. Murphy M. D.(Address) 1450 West Vernon Ave