

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22998

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1792  
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  
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 Wilson Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. Clinton Co. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
1. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Married</b>		
3a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mrs. Maude Wilson</u>				
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>				
7. AGE <u>38</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron Moulder</u>			
	9. Industry or business in which work was done, as silk mill saw mill, bank, etc. <u>Unknown</u>			
	10. Date deceased last worked at this occupation (month and year) <u>2/4 Unknown</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Greenville Ohio</u>				
MOTHER FATHER	13. NAME _____			
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			
	15. MAIDEN NAME _____			
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>			
17. The Signature of INFORMANT and (Address) <u>Ohio Pen Records Col. C.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Richmond O.</u> Date <u>4-25</u> 19 <u>36</u>				
19. UNDERTAKER <u>Stagnal Funeral Home</u> (Address) <u>Richmond Ohio</u>				
19a. Was body embalmed <u>yes</u> Embalmer's No. <u>2492A</u>				
20. FILED <u>7-24</u> 19 <u>30</u> <u>J W Keegan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>April 21, 1930</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, last saw h. _____ 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: <u>Conflagration Ohio Penitentiary</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) <u>Joseph A Murphy</u> M. D. (Address) <u>1450 Mt Vernon av</u>	