

28001

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. 22838

Township

Primary Registration District No. 8187

Registered No. 1636

or Village

No. Ohio Penitentiary

St. _____ Ward _____

or City of Columbus, Ohio

(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 2 yrs 3 mos _____ ds.

How long in U. S. if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME Harvey Cohn

Did Deceased Serve in

U. S. Navy or Army _____

(a) Residence. No. _____

St. _____ Ward _____

Hamilton County

(Usual place of abode)

(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)

Married

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

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

7. AGE

33 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.

Chauffeur

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)

11. Total time (years) spent in this occupation

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

MOTHER FATHER

13. NAME Jacob Cohn

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

15. MAIDEN NAME Rose Novitch

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

The Signature of

17. INFORMANT Chas Cohn

and (Address) Cincinnati

18. BURIAL, CREMATION, OR REMOVAL

Place Cincinnati

Date 4-24 1930

19. UNDERTAKER Shaughnessy

(Address) Columbus

19a. Was body embalmed yes

Embalmer's No. 24927

20. FILED 7/23 1930

J.W. Keegan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930

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:

Date of onset

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? _____

25. 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 Ave