

59341

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

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22974

Township

Primary Registration District No. 8187Registered No. 1773

or Village

No.

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 Hershel R Johnson

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Portage Co. 0St.,        Ward.

(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) Single

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

6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years 21 Months        Days        If LESS than 1 day,        hrs. or        min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
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 18 1/212. BIRTHPLACE (city or town) (State or country) Crawford Texas13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Miss Ella Johnson16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT The Signature of Ohio Penn and (Address) Colo Ohio18. BURIAL, CREMATION, OR REMOVAL Place Sabota Pa Date 4-25 193119. UNDERTAKER Mr. Ollie Johnson (Address) Sabota Pa19a. Was body embalmed. yes Embalmer's No. 2492A20. FILED 7-24 1930 JW Keegan Registrar.

## MEDICAL CERTIFICATE OF DEATH 30

21. DATE OF DEATH (month, day, and year) 4-21 1931

22. I HEREBY CERTIFY, That I attended deceased from

      , 19      , to       , 19      .I last saw him alive on       , 19      , death is saidto 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

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       

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