

52373

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. 22016  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1745  
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 Jacob Berhalter Did Deceased Serve in \_\_\_\_\_  
U.S. Navy or Army \_\_\_\_\_  
(a) Residence. No. Hamilton, Mo., O. St., \_\_\_\_\_ Ward, Hamilton - Ohio  
(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 Years 37 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. Electrician  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Penitentiary  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 11 9 9 180

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT The Signature of Dennis L. Myers  
and (Address) Cols - 0

18. BURIAL, CREMATION, OR REMOVAL  
Place Newport, Ky Date 4-25 1930

19. UNDERTAKER Dennis L. Myers (Address) also

19a. Was body embalmed yes Embalmer's No. 2492 H.

20. FILED 4/24 1930 JW Keegan Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30 19

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 P.M.

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

Date of onset \_\_\_\_\_

CONTRIBUTORY CAUSES of importance not related to principal cause: Ohio Penitentiary

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 An