

6151

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 20057
Township _____ Primary Registration District No. 5187 Registered No. 1846
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

John E. Bowman Did Deceased Serve in
(a) Residence. No. _____ St. _____ Ward Columbus, O.
(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) Divorced

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

6. DATE OF BIRTH (month, day, and year) Feb 3, 1906

7. AGE Years 24 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. none
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) Lancaster Ohio

MOTHER FATHER 13. NAME Chas E Bowman

14. BIRTHPLACE (city or town) (State or country) Tinton O.

15. MAIDEN NAME Elva Darrig

16. BIRTHPLACE (city or town) (State or country) Baltimore O.

The Signature of 17. INFORMANT Mrs Elva Fuller and (Address) 617 Perma av

18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Date 4-26-1930

19. UNDERTAKER Sherman St Brown - Cols (Address) _____

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

20. FILED 4/25 30 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1930

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I 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:

Conflagration
C.P.

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 av