

60270

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. 22826
Township _____ Primary Registration District No. 8187 Registered No. 1674
or Village _____ No. Ohio Pen. St. _____ Ward _____
(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 Joseph P. HarrodDid Deceased Serve in
U. S. Navy or Army 0

(a) Residence. No. _____ St. _____ Ward Montgomery C-0
(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) Sept. 15, 1902

7. AGE Years 27 Months _____ Days _____
If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular
kind of work done, as spinner, Mechanic
sawyer, bookkeeper, etc.

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,
months, and days) spent in this
occupation _____

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

13. NAME John M. Harrod

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

15. MAIDEN NAME Mrs. Nannie Harrod Gamble

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

17. INFORMANT The Signature of B. G. Harrod
and (Address) 101 Hunter Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton O. Date Apr 23 1930

19. UNDERTAKER Walter Brothers
(Address) Dayton Ohio

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

20. FILED 4-23 1930 J. W. Tegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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: _____ 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? _____

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 Crown(Signed) Joseph G. Murphy M. D.(Address) 1450 Mt Vernon Ave