

60034

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22859
 Township _____ Primary Registration District No. 8187 Registered No. 1457
 or Village _____ No. Ohio Pen. 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 Kenneth ClaarDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____ St., _____ Ward. Jackson
 (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 Mrs. August Claar
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 30, 1898

7. AGE Years 31 Months _____ Days _____
If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2069
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jackson, Ohio
(State or country)13. NAME Frank Claar14. BIRTHPLACE (city or town) Jackson, O.
(State or country)15. MAIDEN NAME Mrs. Rice16. BIRTHPLACE (city or town) Jackson, O.
(State or country)17. The Signature of Informant and (Address) Mrs. H. C. Poffenbeger
Columbus, O.18. BURIAL, CREMATION, OR REMOVAL
Place Jackson, O. Date Apr 24 193019. UNDERTAKER Chas Woods
(Address) Jackson, O.19a. Was body embalmed? Yes Embalmer's No. 2492A.20. FILED 4/23, 1930 J. W. Kelyan
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: 2069Conflagration
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 Coroner(Signed) Joseph A. Murphy M. D.(Address) 1450 West Vernon St.