

61557

 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22980

Township

Primary Registration District No. 5187Registered No. 1779

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

Larry Saifran

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. _____

Cuyahoga Co., O

St. _____ Ward _____

Cuyahoga Co., O

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (use the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDorothy Saifran

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

Unknown

7. AGE

Years

28

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.*Shoemaker9. 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)

New York City

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

The Signature of

17. INFORMANT

and (Address)

Ohio Pen
Col - O

18. BURIAL, CREMATION, OR REMOVAL

Place New York, N.Y. Date _____ 19____

19. UNDERTAKER

(Address)

Dorothy Saifran 9064 av
n. y. city

19a. Was body embalmed

yesEmbalmer's No. 2492 A.

20. FILED

4/241930J. J. Regan

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

Date of onset

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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 fol-
lowing:

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