

61477

 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. **22856**

Township

Primary Registration District No. **8187**Registered No. **1654**

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 **Richard Harper**

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. **Union, Co., O.**

St., _____ Ward _____

Union Co. Ohio

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)**Single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **Apr. 15, 1903**

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.**27**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Farmer**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) **Plain City,**
(State or country) **Ohio**

MOTHER FATHER

13. NAME **Mr. Harper**14. BIRTHPLACE (city or town) **Plain City, O.**
(State or country) **O.**15. MAIDEN NAME **Miss Julia Harper**16. BIRTHPLACE (city or town) **Louisa, Va.**
(State or country) **Union Co. Ohio**17. INFORMANT **Joseph A. Ferguson**
and (Address) **Plain City, O.**

18. BURIAL, CREMATION, OR REMOVAL

Place **Forest Hill Cem.** Day **Apr 25 1930**

19. UNDERTAKER

(Address)

19a. Was body embalmed **Yes** Embalmer's No. **2492A**20. FILED **4/23 1930** **J. W. 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:

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 an**