61621

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22813

1 PLACE OF DEATH

County.... Franklin   Registration District No. 392   File No. 1611

Township....   Primary Registration District No. 8187   Registered No. 1611

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 .... Robert Comer

Did Deceased Serve in
U. S. Navy or Army o o

(a) Residence. No.... St., ... Ward.   Montgomery C o
(Usual place of abode)   (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH

3. SEX Male | **4. COLOR OR RACE** White | **5. Single, Married, Widowed, or Divorced** (write the word) Married

21. DATE OF DEATH (month, day, and year) Apr. 21, 1930 9

22. I HEREBY CERTIFY, That I attended deceased from

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Mrs. Ethel Comer**

.... 19.... to .... 19....
I last saw h.... alive on.... 19...., death is said
to have occurred on the date stated above at 6 p. m.

6. DATE OF BIRTH (month, day, and year) July 6, 1894

7. AGE Years 35 | Months | Days | If LESS than 1 day,.... hrs. or .... min.

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

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

Conflagration

Ohio Penitentiary

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

CONTRIBUTORY CAUSES of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) **Bourbon Co., Ky.**

13. NAME Frank Comer

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

Name of operation.... Date of....
What test confirmed diagnosis?.... Was there an autopsy?....

15. MAIDEN NAME (Mrs.) Lucy Comer Strout

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT The Signature of George Comer
and (Address) 31 Jones Hill, St. Thomas, Ky

Manner of injury....

18. BURIAL, CREMATION OR REMOVAL
Place Winchester Ky Date Apr 23 30

Nature of injury....

19. UNDERTAKER Henry L. Hull
(Address) Winchester Ky.

24. Was disease or injury in any way related to occupation of deceased? Coroner

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

If so, specify

20. FILED 4/23 1930 J W Kegan Registrar.

(Signed) Joseph A Murphy M. D.
(Address) 1450 nth Terrace av