

54358

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

22911

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1709

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

Robert Hartley

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Lucas Co - 0

St.

Ward.

Lucas Co., O.

(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)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSingle

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

unknown

7. AGE

25

Years

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.Upholsterer9. 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  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
The Signature of  
and (Address)18. BURIAL, CREMATION, OR REMOVAL  
Place19. UNDERTAKER  
(Address)19a. Was body embalmed? Yes Embalmer's No. 2592420. FILED 4/24 1930

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 h. alive on 19  , death is saidto have occurred on the date stated above at    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)

(Address)

Joseph A. Murphy Coroner  
1930 not removed  
M. D.