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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. 23021
Township _____ Primary Registration District No. 8187 Registered No. 1820
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 Tom Johnson

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

(a) Residence. No. Cuyahoga Co. St. 0 Ward. Cuyahoga Co. Ohio
(Usual place of abode) (If not resident of the 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
6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE Years 35 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.* Laborer
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) Bulgaria
(State or country) _____

FATHER 13. NAME Tom Johnson

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Ohio Pen
and (Address) Cols - 0.

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 4-25 1930

19. UNDERTAKER Chas. K. Johnson - Cleveland
(Address) _____

19a. Was body embalmed? Yes Embalmer's No. 2492

20. FILED 4/24/30 J. 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 h. _____ 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:

Conflagration
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 _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave