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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22969

Township

Primary Registration District No. 8187Registered No. 1768

or Village

No. Ohio Pen.

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. mes. ds. How long in U. S., if of foreign birth? yrs. mes. ds.

2 FULL NAME Walter KruseDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

St., Ward.

Hamilton Co

(Usual place of abode)

(If nonresident give 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) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown7. AGE Years 29 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. Truck driver
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)12. BIRTHPLACE (city or town)
(State or country) Newport Ky13. NAME Walter Kruse14. BIRTHPLACE (city or town)
(State or country) Canton Co. Ky15. MAIDEN NAME Clara Sebroy16. BIRTHPLACE (city or town)
(State or country) Canton Co. Ky17. INFORMANT The Signature of Miss Kruse
and (Address) Harren - Ohio18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hill - Ky Date 4-25-3019. UNDERTAKER Radell Burial
(Address) newport - Ky19a. Was body embalmed Yes Embalmer's No.20. FILED 4/24-1930 J W Keegan
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 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 Av