

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **28907**

1 PLACE OF DEATH
County Franklin Registration District No. 394 File No. _____
Township Jackson Primary Registration District No. 2409 Registered No. 7
or Village Grove City, Ohio No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jeremiah Bohlen
(a) Residence. No. Grove City, Ohio ~~St.~~ Grove City, O. Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of Karrah N. Bohlen

6 DATE OF BIRTH (month, day, and year) Sept. 17 - 1851

7 AGE Years 70 Months 7 Days 7 If LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Motorman
(c) Name of employer Colo. Ry. P. & St. Co.

9 BIRTHPLACE (city or town) Clarksburg
(State or country) Ohio

10 NAME OF FATHER Jeremiah Bohlen

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) _____

12 MAIDEN NAME OF MOTHER Adolphus Ann Crum

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) _____

14 Informant Mrs. Henry Licher
(Address) Columbus Ohio

15 Filed 5/27 19 22 Carl Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May - 24 - 19 22

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Organic Heart Disease

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Joseph G. Murphy M. D.

May 27, 19 22 (Address) 1450 1st Avenue

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Union Cemetery May - 27 19 22

20 UNDERTAKER, License No. 26727 ADDRESS _____
THE EDWARD E. FISHER COMPANY

BY Doren A. Vaughan Colo. Ohio

OCCUPATION is very important. See instructions on back of certificate.