

53753

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23091

Township

Primary Registration District No. 8287Registered No. 1894

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 Erie Lehto

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Cuyahoga Co., O.

St., _____ Ward _____

Cuyahoga Co., O.

(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)

Single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

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

Unknown

7. AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

67

OCCUPATION

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

Farmer

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)

(State or country)

Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

The Signature of _____ and (Address) _____

Ohio Penitentiary
Columbus

18. BURIAL, CREMATION, OR REMOVAL

Place East Lawn Date 4-26 1930

19. UNDERTAKER

(Address)

State Burial

19a. Was body embalmed

yrs. Embalmer's No. 2492A20. FILED 4/26 1930J. W. Keegan

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30

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:

Date of onset

180 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