

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22989

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1788  
or Village \_\_\_\_\_ No. Ohio Pen. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of Columbus  
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 John Buehner Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cuyahoga Co., O.  
(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) Separated  
Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) May 30, 1900

7. 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. Machinist  
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) Cleveland, Ohio  
(State or country)

MOTHER FATHER 13. NAME Mr. Michael Buehner

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

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)

17. The Signature of Informant and (Address) Ohio Pen Records  
Cols O

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland O. Date 4-25-30

19. UNDERTAKER The Hogan Co. Cleveland  
(Address)

19a. Was body embalmed yes Embalmer's No. 2492A.

20. FILED 4/24 1930 JW Keegan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) April 21, 1930

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) 450 Mt Vernon Ave