

61150

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

22005

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township ColumbusPrimary Registration District No. 8187Registered No. 1865

or Village

ColumbusNo. Ohio Penitentiary

St., \_\_\_\_\_ Ward \_\_\_\_\_

or City of

(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 Lawrence KerreganDid Deceased Serve in  
U. S. Navy or Army(a) Residence. No. Guernsey

St., \_\_\_\_\_ Ward \_\_\_\_\_

Guernsey, Ohio  
(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) Divorced

3a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1900

7. AGE Years 29 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

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 180

12. BIRTHPLACE (city or town) Mt. Vernon, Ill.  
(State or country)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Ohio Penitentiary  
(State or country)

17. INFORMANT The Signature of Ohio Penitentiary  
and (Address) Miller

18. BURIAL, CREMATION, OR REMOVAL  
Place Wether-Harrison Date 4-25-30

19. UNDERTAKER Miss Emma Stilton  
(Address) Miller, Ohio

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

20. FILED 4/25 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 \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Date of onset

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 G. Murphy M. D.

(Address) 1450 Mt. Vernon