

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22831

Township

Primary Registration District No. 8187

Registered No. 1629

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 Leroy Luther

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No. Licking Co.

St., _____ Ward _____

Licking Co. 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) Single

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

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1909

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. R.R. Brakeman

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) Newark, Ohio
(State or country)

MOTHER FATHER

13. NAME Mother

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

15. MAIDEN NAME Mrs. Maggie Luther, Rt. #2, Granville, O.

16. BIRTHPLACE (city or town) (State or country) Newark, Ohio

17. INFORMANT J. M. McConagle
The Signature of and (Address) Newark, O.

18. BURIAL, CREMATION, OR REMOVAL Place Wilson Cem Date 4-24-30

19. UNDERTAKER J. M. McConagle
(Address) Newark, O.

19a. Was body embalmed yes Embalmer's No. 42A

20. FILED 4/23/30 J. W. Weegans
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 h. _____ 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:

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 av