

59894

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22083

Township

Primary Registration District No. 8187Registered No. 1832

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 Mike GlowatchDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Cuyahoga Co.

St.

Ward.

Cuyahoga Co., O.
(If non-resident 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) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Mary Glowatch, 4117
(or) WIFE of Trumbull Ave., Cleveland.

6. DATE OF BIRTH (month, day, and year) May-1893

7. AGE Years 37 Months Days If LESS than
1 day, hrs. or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer
9. Industry or business in which
work was done, as silk mill
saw mill, bank, etc. Common
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Austria
(State or country)13. NAME Murphy14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Ohio Penitentiary
and (Address) Cols Ohio18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 4-26 193019. UNDERTAKER Frank Niseneki
(Address) Cleveland Ohio19a. Was body embalmed Yes Embalmer's No. 2492A20. FILED 4/25 1930 W. Kelgan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 193022. I HEREBY CERTIFY, That I attended deceased from
19 to 19I 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

18 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 fol-
lowing:

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 Cancer
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt. Vernon An