

61451

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

22852

1 PLACE OF DEATH
 County Franklin Registration District No. 392 File No. 1751
 Township _____ Primary Registration District No. 8187 Registered No. 171
 or Village _____ No. Ohio Pen. 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 Bud Lee Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. _____ St. _____ Ward. Columbiana Co. Ohio
 (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) Married

5a. If married, widowed, or divorced
 HUSBAND of Mrs. Doris Lee
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Apr. 5, 1901

7. AGE Years 39 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. Mechanic
 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) W. Virginia
 (State or country) _____

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
 (State or country) _____

17. INFORMANT The Signature of Ohio Pen
 and (Address) Columbiana Co. Ohio

18. BURIAL, CREMATION, OR REMOVAL
 Place East Liverpool Date 4-25-30

19. UNDERTAKER Kelley and Co. East
 (Address) Liverpool

19a. Was body embalmed yes Embalmer's No. 29927

20. FILED 4-24-30 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 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) 1450 Mt Vernon Ave