

59023

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

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 23913

Township

Primary Registration District No. 8187Registered No. 1711

or Village

No. Ohio Penitentiary St.          Ward           
(If death occurred in a hospital or institution, give its NAME instead of street and number)or City of Columbus, OhioLength of residence in city or town where death occurred 1 yrs 8 mos          ds. How long in U. S., if of foreign birth?          yrs          mos          ds.2 FULL NAME Everett DeemDid Deceased Serve in  
U. S. Navy or Army         (a) Residence. No.         St.,          Ward.         Parkersburg, W. Va

(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) Married5a. If married, widowed, divorced, or separated, name of  
HUSBAND of Mrs. Georgia L. Deem  
(or) WIFE of Slis Seventh St. W. Va  
Parkersburg6. DATE OF BIRTH (month, day, and year) May 18, 18957. AGE Years 34 Months 11 Days          If LESS than  
1 day,          hrs.          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         12. BIRTHPLACE (city or town) Parkersburg,  
(State or country) W. Va13. NAME         14. BIRTHPLACE (city or town)  
(State or country)         15. MAIDEN NAME         16. BIRTHPLACE (city or town)  
(State or country)         17. INFORMANT Ohio Pen Records  
and (Address) Colo-018. BURIAL, CREMATION, OR REMOVAL  
Place Parkersburg Date in 25 2019. UNDERTAKER Leppitt Co.  
(Address) Parkersburg W. Va19a. Was body embalmed? yes Embalmer's No. 2492420. FILED 4/24, 1930 Jurzejan  
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

I last saw him alive on         , 19        , death is saidto have occurred on the date stated above at 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:Conflagration  
Ohio penitentiaryCONTRIBUTORY 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 Joseph A. Murphy, Coroner(Signed)          M. D.(Address) 1450 Mt Vernon St