

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

23063

1 PLACE OF DEATH
County Lawsler 61922 Registration District No. 392 File No. 1863
Township _____ Primary Registration District No. 8187 Registered No. _____
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 _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Joe Pedro Did Deceased Serve in U. S. Navy or Army _____
(a) Residence No. _____ St., _____ Ward. Liffin Ohio
(Usual place of abode) (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) Single

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

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section hand
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) Liffin O
(State or country)

MOTHER FATHER 13. NAME Grover C. Baughman

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

15. MAIDEN NAME Maud McTree

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

17. INFORMANT The Signature of Mr Robt Dunfee
and (Address) Liffin O.

18. BURIAL, CREMATION, OR REMOVAL Place Liffin O. Date 4/26/30

19. UNDERTAKER Ray C Myers
(Address) Liffin O

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) 4-21-1930

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 Pen Institution

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) 1452 2nd Venon av