

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin
Township

Registration District No. 392
Primary Registration District No. 8187

File No. 22056
Registered No. 1856

or Village
or City of Columbus

No. Ohio Pen St. Ward
(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

(a) Residence. No.

John Millham

Did Deceased Serve in U.S. Navy or Army
Cleveland Ohio
(If nonresident give city or town and State)

(Usual place of abode)

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 (or) WIFE of

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

7. AGE Years 24 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. none
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) (State or country) Cleveland Ohio

MOTHER FATHER 13. NAME James Millham

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

15. MAIDEN NAME unknown

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

The Signature of 17. INFORMANT C. F. Moore and (Address) Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland O. Date 4-25 1930

19. UNDERTAKER C. F. Moore (Address) Cleveland

19a. Was body embalmed. yes Embalmer's No. 2492A-0

20. FILED 4-25 30 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:

Date of onset

Conflagration COP

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 Coroner

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt. Vernon av