

69467-60387

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

23912

1 PLACE OF DEATH
County Franklin Registration District No. 592 File No. 23912
Township _____ Primary Registration District No. 8187 Registered No. 1811
or Village _____ No. Ohio Pen. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 Lawrence Weimer Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. _____ St., _____ Ward. Summit 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) Separated
married

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

6. DATE OF BIRTH (month, day, and year) Apr. 30, 1903

7. AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as Laborer spinner, sawyer, bookkeeper, etc. LeSeur, Minn.
9. Industry or business in which work was done, as LeSeur, Minn. 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) LeSeur, Minn. (State or country) _____

MOTHER FATHER 13. NAME Unknown
14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME Mrs. Emma Burhy
16. BIRTHPLACE (city or town) Unknown (State or country) _____

17. INFORMANT The Signature of J. R. Gardner and (Address) Akron, O.

18. BURIAL, CREMATION, OR REMOVAL Place Akron Ohio Date 4-25 1930

19. UNDERTAKER J. R. Gardner (Address) Akron, Ohio

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) Apr. 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 6 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Couflagration Ohio Penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ 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 death due to injury in any way related to occupation of deceased? _____
If so, _____
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt Vernon Ave