

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

22834
7632

1. PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. _____
of Village _____ No. Ohio Pen. St. _____ Ward _____
of 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 Lester Roth Did Deceased Serve in _____
(a) Residence. No. _____ St. _____ Ward _____ U. S. Navy or Army of _____
(Usual place of abode) (If nonresident give city or town and State) Miami Co. Ohio

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

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

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>34</u>			

7. OCCUPATION
Trade, profession, or particular kind of work done, as farmer, spinner, lawyer, bookkeeper, etc.
8. Industry or business in which work was done, as 180 silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) unknown

13. NAME unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT The Signature of O.P. Records and (Address) Colt 0

18. BURIAL, CREMATION, OR REMOVAL Place Interred April 25, 1930

19. UNDERTAKER (Address) John J. O'Brien

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

20. FILED 4-23 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 Date of onset _____

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 av