

60916

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 60916

Township

Primary Registration District No. 8187Registered No. 1815

or Village

No. Ohio Penitentiary

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

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

2 FULL NAME Mike LewisDid Deceased Serve in
U. S. Navy or Army(a) Residence. No. Mahoning, Co., O.

St. Ward.

(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) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) Dec. 23-1904		
7. AGE 24	Years 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. Plumber
	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) Youngstown, Ohio.	

FATHER	13. NAME
	14. BIRTHPLACE (city or town) (State or country)
MOTHER	15. MAIDEN NAME
	16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT	The Signature of <u>Ohio Pen Records</u> and (Address) <u>Cols - Ohio</u>
18. BURIAL, CREMATION, OR REMOVAL	Place <u>Youngstown</u> Date <u>4-25-30</u>
19. UNDERTAKER	(Address) <u>258 D Adam St Youngstown 2424</u>
19a. Was body embalmed?	Embalmer's No. <u>2424</u>
20. FILED	<u>4/24/30</u> <u>J. W. Keegan</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30 , 19
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. m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
<u>conflagration</u>	
<u>Ohio Penitentiary</u>	

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 <u>Joseph A. Murphy</u> (Signed) _____ M. D. (Address) <u>1450 Mt Vernon Ave</u>	