

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

61141  
1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 22915  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1713  
or Village \_\_\_\_\_ No. Ohio Penitentiary 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 Theodore Lemere Did Deceased Serve in  
Hancock Co., O U. S. Navy or Army  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Columbus, 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) Divorced

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

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

7. AGE Years 39 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. Machinist  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Penitentiary  
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) Ridley Co., Minn

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

17. The Signature of INFORMANT Ohio Pen Records and (Address) Cob-0

18. BURIAL, CREMATION, OR REMOVAL Place Bay City Michigan Date 4 24 1930

19. Matilda Lemere  
(Address) 403 11th Bay City Michigan

19a. Was body embalmed? yes Embalmer's No. Michigan

20. FILED 4/24 1930 J W Keegan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 4-21-30

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above 6 P M.

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

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 Ave