STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 70030

1 PLACE OF DEATH
County Hamilton Registration District No. 624 File No.
Township Primary Registration District No. ... Registered No. 5994
or Village No. Insual Hospital St., Ward
or City of Cincinnati (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis H. Meyers
(a) Residence. No. 1304 Pendleton St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (write the word): Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Josie Layman
6 DATE OF BIRTH (month, day, and year): Unknown
7 AGE: 68 Years; Months; Days; If LESS than 1 day ... hrs. or ... min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer: Krohn Fechheimer
9 BIRTHPLACE (city or town): Cincinnati
(State or country): Ohio

PARENTS
10 NAME OF FATHER: John D. Meyers
11 BIRTHPLACE OF FATHER (city or town): Germany
(State or country)
12 MAIDEN NAME OF MOTHER: Magdalena Kestner
13 BIRTHPLACE OF MOTHER (city or town): Cin. O.
(State or country)

14 Informant: Mrs. Geo. Ewing
(Address): Corwin St.

15 Filed DEC 1 - 1920 Edwin Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 30th 1920.
17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,
that I last saw h... alive on ..., 19...,
and that death occurred, on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Strychnine poisoning; no inquest Probably; Strychnine Poisoning;
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Self administered while despondent.
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? ... Date of ...
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) Austin C. Bauer, M. D.
12/1, 1920 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Spring Grove
DATE OF BURIAL: Dec 1 1920
20 UNDERTAKER, License No.: John Arney
ADDRESS: 1215 Republic