

**DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH** 1998

36526

1 PLACE OF DEATH  
 County Mahoning Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Northfield Primary Registration District No. 8355 Registered No. 978  
 or Village \_\_\_\_\_ No. \_\_\_\_\_ City Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 or City of Youngstown Ohio (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Patrick Richard Griffin Did Deceased Serve in U. S. Navy or Army Army

(a) Residence, No. 330 Bentley Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (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) married

6a If married, widowed or divorced HUSBAND of (see WIFE of) Alma L. Latten

6 DATE OF BIRTH (month, day, and year) May 6th 1893

7 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Sheet Mill Supt  
 (b) General nature of industry, business, or establishment in which employed (or employer) Steel Mills  
 (c) Name of employer Youngstown Sheet & Tube Co

9 BIRTHPLACE (city or town) Polio Ohio  
 (State or country)

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day and year) June 7 1927  
 17 I HEREBY CERTIFY, That I attended deceased from June 1 1927, to June 7 1927  
 that I last saw him alive on June 5 1927  
 and that death occurred, on the date stated above, at 6 PM  
 The CAUSE OF DEATH\* was as follows:  
Acute Lobar Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Empyema - Pleural  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? yes Date of Aug 23-1917

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. H. Hubbard M. D.  
 June 8, 19 \_\_\_\_\_ (Address) Youngstown, O.

PARENTS

10 NAME OF FATHER Richard L. Griffin  
 11 BIRTHPLACE OF FATHER (city or town) Ireland  
 (State or country)  
 12 MAIDEN NAME OF MOTHER Anna Mc Guck  
 13 BIRTHPLACE OF MOTHER (city or town) Mineral Ridge Ohio  
 (State or country)

14 Informant Dan J. Griffin  
 (Address) 328 Belmont Ave Youngstown Ohio

15 File JUN - 814327 S. C. D. Miller REGISTRAR

19 PLACE of Burial, Creation or Removal Youngstown, O. DATE OF BURIAL June 10  
 20 UNDERTAKER E. J. Kearney ADDRESS 26 W 7th  
 21 EMPLOYER J. H. Kearney LICENSE NO. 2736  
Mesa Ohio