

50441

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

22811

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22811
Township _____ Primary Registration District No. 5187 Registered No. 1609
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 John Kowalarski Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. Cuyahoga Co., 0 Ward. _____
(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) Single

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

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

7. AGE Years 37 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.* Fireman
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 59 1/2

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio

MOTHER 13. NAME John Kowalarski

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

15. MAIDEN NAME _____

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

17. The Signature of INFORMANT and (Address) Bruno Kowalarski - Cleveland

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Date 4-25-30

19. UNDERTAKER Bruno Kowalarski - Brother (Address) Cleveland - 0

19a. Was body embalmed _____ Embalmer's No. 2992A

20. FILED 4-23-30 J. W. Keegan 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.

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

Conflagration at A.P.

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