

38077

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 23051-A  
Township \_\_\_\_\_ Primary Registration District No. 8/87 Registered No. 1851  
or Village \_\_\_\_\_ No. Ohio Penitentiary Hospital 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

Alvin Bertezko Did Deceased Serve in  
U. S. Navy or Army  
(a) Residence, No. Ohio Penitentiary St. \_\_\_\_\_ Ward Clark Co - 0.  
(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) Married  
5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Lydia Bertezko  
6. DATE OF BIRTH (month, day, and year) April 4, 1902  
7. AGE Years 28 Months 0 Days 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade profession, or particular kind of work done, as Printer  
9. Industry or business in which work was done, as 1749  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Bridgport  
(State or country) Conn.

MOTHER FATHER 13. NAME August Berte,ko  
14. BIRTHPLACE (city or town) Germany  
(State or country)

MOTHER FATHER 15. MAIDEN NAME Minnie Potts  
16. BIRTHPLACE (city or town) Poland  
(State or country)

17. INFORMANT The Signature of Shaw Davis Co  
and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL  
Place Bridgport, Conn. Date April 25, 1930

19. UNDERTAKER The Shaw-Davis Company  
(Address)

19a. Was body embalmed Yes Embalmer's No. 2406\*A

20. FILED 4/25, 1930 JW Teegan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25, 1930  
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 \_\_\_\_\_ m.

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

Conflagration  
O.P.

CONTRIBUTORY CAUSES of importance not related to principal cause:

Broncho Pneumonia

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) 1456 mt Vernon av