

59885

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

## 1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22988

Township.....

Primary Registration District No. 8187Registered No. 1787

or Village.....

No. Ohio Penitentiary

St., .....

Ward.....

or City of.....

Columbus

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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 Edward HalitskyDid Deceased Serve in  
U. S. Navy or Army.....

(a) Residence. No.....

St., .....

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 ofSingle6. DATE OF BIRTH (month, day, and year) Apr. 1, 19047. AGE Years Months Days If LESS than  
26 1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Baker9. 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  
occupation12. BIRTHPLACE (city or town)  
(State or country)Brooklyn N.Y.

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Mrs. Mary Halitsky 1221  
Ohio Ave., Trenton, N.J.16. BIRTHPLACE (city or town)  
(State or country)17. The Signature of  
INFORMANT  
and (Address)Ohio Pen Records  
als

18. BURIAL, CREMATION, OR REMOVAL

Place Trenton N.J. Date 4-25 193619. UNDERTAKER John S. Liscicki - Trenton

(Address)

19a. Was body embalmed yes Embalmer's No. N. J. 249220. FILED 4/24 1936 J.W. Keegan  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1936

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 at ..... m.

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

Date of onset

Conflagration  
Ohio PenitentiaryCONTRIBUTORY 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 fol-  
lowing:

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 Crown\* (Signed) Joseph A. Murphy M. D.(Address) 1450 West Vernon Av