

56900

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

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22872

Township

Primary Registration District No. 8187Registered No. 1650

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 Felix Kowalski

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No. Lucas, Co., O.

St., _____ Ward.

Lucas Co. Ohio
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

March 15 - 1918
Wickville

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.21 20117

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Auto Mechanic9. 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
10/2312. BIRTHPLACE (city or town)
(State or country)unknownMOTHER
FATHER

13. NAME

John Kowalski14. BIRTHPLACE (city or town)
(State or country)Poland

15. MAIDEN NAME

Jevdagiak Zurski16. BIRTHPLACE (city or town)
(State or country)Poland17. INFORMANT
The Signature of
and (Address)Ohio Penitentiary
Col. J. H. ...

18. BURIAL, CREMATION, OR REMOVAL

Place inledo Date ap 24 193019. UNDERTAKER
(Address)Egan Ryan Undertaker
Columbus 2492A.19a. Was body embalmed _____
Embalmer's No. 2492A.

20. FILED

4/23 1930 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 him 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: _____ Date of onsetConflagration
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 _____

(Signed) Joseph A. Murphy Crowe M. D.(Address) 1450 Mt Vernon