

60145

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 22815

Township

Primary Registration District No. 8187 Registered No. 1613

or Village

No. Ohio Pen. 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

Joe Kowalski (alias)

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

Ignacius P. Kowalski

Ward

Defiance County

(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) Married5a. If married, widowed, or divorced Widow
HUSBAND of Mrs. Mary Kowalski
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 22, 18957. AGE Years 34 Months 8 Days 27 If LESS than 1 day, _____ or _____ m.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Malleable
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Cleveland, Ohio
(State or country)MOTHER FATHER 13. NAME Joe Kowalski14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT The Signature of Mrs. Ignacius Kowalski
and (Address) Muncie Ind18. BURIAL, CREMATION, OR REMOVAL Place Muncie Ind Date 4-25-193619. UNDERTAKER Mrs. Ignacius Kowalski
(Address) 1212 1/2 Ridge Ave Muncie - Ind19a. Was body embalmed yes Embalmer's No. 3492A20. FILED 4-23-36 JWreegan 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 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:

Date of onset

Confabulation
this Remittent

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 West Union Av