

57507

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. 23818
Township _____ Primary Registration District No. 8187 Registered No. 1606
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 Tybor Did Deceased Serve in
(a) Residence. No. _____ St. _____ Ward _____ U. S. Navy or Army
Mahoning Ohio
(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 _____

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

7. AGE Years 26 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. Steel worker
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 _____

12. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

MOTHER FATHER 13. NAME John Tybor

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

15. MAIDEN NAME _____

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

17. The Signature of INFORMANT and (Address) J. P. Keenan
Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Youngstown Date Apr 23 1930

19. UNDERTAKER (Address) Mary Mayer
Youngstown

19a. Was body embalmed Yes Embalmer's No. 2492A

20. FILED 4/23 1930 Registrar J. W. Keenan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 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 6 p. m.

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

Cerebral hemorrhage
Ohio

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