

61459

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. 22810  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1608  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of Columbus Ohio Pen  
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 John Nioiceki Did Deceased Serve in  
U. S. Navy or Army \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Lorain County Q  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Married</b>		21. DATE OF DEATH (month, day, and year) <b>Apr. 21, 1930</b>	
5a. If married, widowed, or divorced HUSBAND of <b>Mrs. Josephine Nioicki</b> (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (month, day, and year) <b>Jan 24 - 1893</b>				I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above at <b>6 P.m.</b>	
7. AGE <b>36</b>	Years	Months	Days	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <b>Storekeeper</b>			<b>Conflagration Ohio Penitentiary</b>	
	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			CONTRIBUTORY CAUSES of importance not related to principal cause:		
12. BIRTHPLACE (city or town) <b>Poland</b> (State or country)				Name of operation _____ Date of _____	
MOTHER FATHER	13. NAME			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	14. BIRTHPLACE (city or town) (State or country)			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
	15. MAIDEN NAME <b>Mrs. Josephine Nioicki</b>			Where did injury occur? _____ (Specify city or town, county, and State)	
	16. BIRTHPLACE (city or town) (State or country)			Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <b>Ohio Pen Records</b> and (Address) <b>Colo 0</b>				Manner of injury _____ Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <b>Cleveland</b> Date <b>4-25-30</b>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <b>Joseph A. Murphy</b> M. D. (Address) <b>1450 Mt Vernon av</b>	
19. UNDERTAKER <b>Barney Slupski Cleveland</b> (Address) <b>Brook in Leav. O.</b>					
19a. Was body embalmed <b>yes</b> Embalmer's No. <b>2492 A.</b>					
20. FILED <b>4/23, 1930</b> <b>J. W. Keegan</b> Registrar.					