

33403

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

1 PLACE OF DEATH
County Franklin Registration District No. 592 File No. 22964
Township _____ Primary Registration District No. _____ Registered No. 1763
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(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 John Polles Did 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) Married

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 15, 1899

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 30

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 499
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) Unknown Greece

MOTHER 13. NAME Wick Polles

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

15. MAIDEN NAME Unknown

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

17. INFORMANT The Signature of Sus Polles and (Address) Akron Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Akron Ohio Date 4-25 1930

19. UNDERTAKER Carmine Rossi (Address) Akron O.

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

20. FILED 4/24 1930 JW 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:

Conflagration
Ohio Penitentiary

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 Av