

51374

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

23033

## 1 PLACE OF DEATH

County FranklinRegistration District No. 292

File No.

Township

Primary Registration District No. 8187Registered No. 1837

or Village

No. Ohio Penitentiary

St.

Ward

or City of Columbus, Ohio

(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 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.2 FULL NAME John SkarkoDid Deceased Serve in  
U. S. Navy or Army

(a) Residence. No.

St.

Ward.

Cuyahoga County

(Usual place of abode)

(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 of6. DATE OF BIRTH (month, day, and year) unknown

7. AGE

30

Years

Months

Days

If LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.8. Trade profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Printer9. 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  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

Carl Skarko14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
The Signature of  
and (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. Was body embalmed

(Address)

19a. Was body embalmed

20. FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

to have occurred on the date stated above at 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
in order of onset were as follows:

Date of onset

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 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 M. D.(Address) 1450 Mt Vernon Ave