

50115

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinRegistration District No. 392File No. 238 17

Township

Primary Registration District No. 8187Registered No. 1605

or Village

No.

Ohio Pen.

St.

Ward

or City of

Columbus

(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

Joseph V. Zolkowski

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

St.

Ward.

CuyahogaOhio

(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) Aug. 27, 1907

7. AGE

Years

Months

Days

If LESS than
1 day, hr.
or min.23

OCCUPATION

8. Trade profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Car repair9. 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)Poland

MOTHER FATHER

13. NAME

Adolph Zolkowski14. BIRTHPLACE (city or town)
(State or country)Lithuanian

15. MAIDEN NAME

Mrs. Johanna Zolkowski16. BIRTHPLACE (city or town)
(State or country)Lithuanian17. INFORMANT
The Signature of
and (Address)Adolph Zolkowski
Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Date 4-25-3019. UNDERTAKER
(Address)Adolph Zolkowski
Cleveland, Ohio

19a. Was body embalmed

yes

Embalmer's No.

2492A

20. FILED

4-23-30

19

J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

, 1930, to, 1930.

I last saw him alive on

, 1930,

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

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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

, 1930

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)

(Address)

Joseph A. Murphy
1450 West Vernon Ave

M. D.