

60268

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

22865

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1663
or Village _____ No. Ohio Penitentiary 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 Mike Cibrowski Did Deceased Serve in _____
(a) Residence. No. Sandusky Co. St. _____ Ward Sandusky Co. 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 Mrs. Gladys Cibrowski
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 26-1902

7. AGE Years 27 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. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Penitentiary
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Toledo, Ohio.
(State or country)

MOTHER 13. NAME Mike

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

MOTHER 15. MAIDEN NAME Mike

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

17. INFORMANT O. P. Records
and (Address) Colo. O.

18. BURIAL, CREMATION, OR REMOVAL
Place Toledo, O. Date Apr 25 1930

19. UNDERTAKER Joe J. Adler - agent
(Address) Toledo, O. 249 24

19a. Was body embalmed? yes Embalmer's No. _____

20. FILED 4/23 1930 J. 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 _____, 19____ to _____, 19____.

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above at _____ 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 Crown
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt. Vernon