

61776

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

23819

1 PLACE OF DEATH

County FranklinRegistration District No. 392

File No.

Township

Primary Registration District No. 8187Registered No. 1647

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 Richard KozakDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No. _____

St., _____ Ward.

Cuyahoga 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. Catherine Kozak
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1904

7. AGE 35 Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION 8. Trade profession, or particular
kind of work done, as Truck driver
spinner, sawyer, bookkeeper, etc.
9. Industry or business in which
work was done, as Ohio Penitentiary
silk mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year) _____
11. Total time (years)
spent in this
occupation _____

12. BIRTHPLACE (city or town) Cleveland, Ohio
(State or country)13. NAME Tony Kozak14. BIRTHPLACE (city or town) Jugoslavia
(State or country)15. MAIDEN NAME Wanda Jerse16. BIRTHPLACE (city or town) Jugoslavia
(State or country)17. The Signature of Antoni Filipijac
INFORMANT and (Address) 3214, Hamilton Ave Cleveland18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Date Apr 24 193019. UNDERTAKER J. J. Kozak19a. Was body embalmed Yes Embalmer's No. 1448 A20. FILED 4/23, 1930 J. W. Ceehan
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 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:

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 Crown(Signed) Joseph A. Murphy M. D.(Address) 1450 Mt Vernon Ave