BURIAL OR TRANSIT } PERMIT ISSUED BY ..... DATE OF ISSUE July 21

(No. Memorial Hospital ST.; ..... WARD) REGISTERED No. 77
[If death occurred in a hospital or institution, give its NAME instead of street and number]

*FULL NAME Jakob Krol

(18a) RESIDENCE No. 232 King ST., ... WARD. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

* SEX	* COLOR OR RACE	* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

*a IF MARRIED, WIDOWED OR DIVORCED
Husband of (or) Wife of Maria Krol

* DATE OF BIRTH December 16 (Month) (Day), 1895 (Year)

* AGE 29 yrs. — mos. — ds. If LESS than 1 day, how many ..... hrs. or ..... min. ?

* OCCUPATION
(a) Trade, profession, or particular kind of work Packer in Store Room
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Mfg Co -
(c) Name of employer Standard Furniture Co.

* BIRTHPLACE (City or Town) .....
(State or Country) Poland

PARENTS
10 NAME OF FATHER Dimitri Krol
11 BIRTHPLACE OF FATHER (City or Town) .....
(State or Country) Poland
12 MAIDEN NAME OF MOTHER Izdda (Unknown)
13 BIRTHPLACE OF MOTHER (City or Town) .....
(State or Country) Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maria Krol
(Address) 232 King St.

15 Filed July 25, 19.... L. E. Fitzgerald Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July (Month) 24 (Day), 1925 (Year)

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ....., 19....., TO ....., 19.....,
THAT I LAST SAW H..... ALIVE ON ....., 19.....,
AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT ..... M. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock from pressure on Spinal Cord - Dislocated vertebrae (Suicide)

..... (DURATION) ..... YRS. ..... MOS. ..... DS.

CONTRIBUTORY (Secondary) Result of Hanging
..... (DURATION) ..... YRS. ..... MOS. ..... DS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Dislocation

(SIGNED) James W. Graves Coroner M. D.
July 24, 1925 (ADDRESS) Nerlens

*STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cemetery | 20 DATE OF BURIAL July 25, 1925

21 UNDERTAKER M. Plonkowski | ADDRESS 906 Euclid St

BURIAL OR TRANSIT } PERMIT ISSUED BY ..... DATE OF ISSUE July 24