

(No. 332 Wood St; Ward)

Length of stay in hospital or institution yrs. mos. ds. Town, village or city 35 yrs. mos. ds.

2 Usual residence of deceased: State N.Y. County Orleans Town Albion City or Village Albion No. 332 Wood St. Is residence within limits of city or incorporated village? Yes

3 Full Name James Kaminski

4 (a) Social Security No. 094-1072038 (b) If Veteran, Name War.

5 Sex male 6 COLOR OR RACE white 7 Single, Married, Widowed, or Divorced (Write the word) married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Jennie Kusko Age if alive 63 years

9 DATE OF BIRTH (month, day, year) June 27 1865

10 AGE Years 66 Months 3 Days 10 IF LESS than 1 day hrs. or min.

11 Usual occupation Blacksmith

12 Industry or business General

13 BIRTHPLACE (City or Town) Poland (State or Country)

14 NAME Mathew Kaminski

15 BIRTHPLACE (City or Town) Poland (State or Country)

16 MAIDEN NAME Mary Sirecka

17 BIRTHPLACE (City or Town) Poland (State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature Mrs John Minkowicz Address 114 Pleasant Medina

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Albion DATE OF BURIAL Oct 10 1941

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Leon C. Grinnell ADDRESS Albion UNDERTAKER'S License No. 2368

21 Date received Oct 8 1941 Signature of Registrar or Subregistrar E. A. Mahony

Burial or Transit } Permit issued by E. A. Mahony

MEDICAL CERTIFICATION

22 DATE OF DEATH Oct 7 1941 (Month, Day and Year)

23 I HEREBY CERTIFY, That I attended deceased from Sept 27 1941, to Oct 7 1941 I last saw him alive on Oct 6 1941

To the best of my knowledge, death occurred on the date stated above, at 3:00 a.m.

Immediate cause of death Cerebral Hemorrhage

Due to arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date

Of autopsy What laboratory test was made?

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

25 Signature David G. Cochran M.D. Address Albion Date Oct 7/41

Table with columns: DURATION OF CONDITION (Yrs., Mos., Dys.), PHYSICIAN (Underline the cause to which death should be charged.)