Somogy vármegye.
~~város.~~

Házassági anyakönyvi kivonat.

	A vőlegény		A menyasszony		A házasságkötési tanuk családi és utóneve, lakhelye	Házasságkötési kijelentések. Aláírás előtti esetleges megjegyzések. Aláírások.
	családi és utóneve, állása (foglalkozása), vallása, életkora, lakhelye	szüleinek családi és utóneve	családi és utóneve, állása (foglalkozása), vallása, életkora, lakhelye	szüleinek családi és utóneve		
	Fábos Mihály földmíves r. kath. szül. Bize, 1876 évi szept. 12. lakh. Bize.	Fábos Imre Marton Julianna	Garai Apollónia háztartásbeli r. kath. szül. Balatonkeresztúr, 1888. ápr. 16 lakh. Balatonkeresztúr.	Garai Ferenc Nyers Karolina	Stromayer József Bize. Farga Gáspár Horváthkút	Mesits Gábor anyakönyvvezető h. mint polgári tisztviselő az itt nevezett és előtte együttesen jelenlevő házasulókat, miután azok előtte a két tanu jelenlétében személyesen külön-külön kijelentették, hogy egymással házasságot kötnek, a törvény értelmében házastársaknak nyilvánitotta. Stromayer József s. k. tanu. Fábos Mihály s. k. férj. Farga Gáspár s. k. tanu. Garai Apollónia s. k. feleség. Mesits Gábor s. k. anyakönyvvezető h.

agos bejegyzések. Kiigazitások.

Bizonyitom, hogy ez a kivonat a Kelt Lelkes 1924. évi szept. 21. napon

anyakönyvi kerület házassági anyakönyvével szószerint ~~tartalmilag~~ megegezik.

Kelt Lelkes, 1924. junius 24.

anyakönyvvezető.

M. kir. állami nyomda. Budapest, 1923. — 1073.

16. sz. minta az A. U. 115. §-hoz.

PLACE OF BIRTH

County of Lucas

Township of

or

Village of

or

City of Toledo Ohio

No. 219 Milford St.

Ward.

STATE OF OHIO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 709

File No. 70204

Primary Registration District No. 0349

Registered No. 3298

SEE OTHER SIDE FOR USE OF FAMILY

FULL NAME OF CHILD John S. Fabas

(If child is not yet named, make supplemental report, as directed)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
boy			yes	July 17, 1924 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mike Fabas	FULL MAIDEN NAME	Poli garai
RESIDENCE Including P. O. Address	Toledo	RESIDENCE Including P. O. Address	Toledo
COLOR OR RACE	white	COLOR OR RACE	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION AND INDUSTRY	Fireman	OCCUPATION AND INDUSTRY	Housewife

Number of children born to this mother, including present birth 3

Number of children of this mother now living 3

Was Prophylactic against Ophthalmia Neonatorum used?

(On request, Prophylactic and literature furnished free by OHIO STATE BOARD OF HEALTH.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child born to Poli Fabas (Mother's Name) and that the child was alive (Born Alive or Stillborn) at 2 P. M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elemer Kovacs

(Physician or Midwife)

Given name added from a supplemental report

, 19

REGISTRAR

Address 2027 Genesee

Filed JUL 21 1924, 19 Saml Smith

REGISTRAR

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Local Reg. Dist. No. 48 — Primary Reg. Dist. No. 4801 — State File No. 4201-062203 — Registrar's No. 3394

1. PLACE OF DEATH
a. COUNTY: Ohio
b. CITY, VILLAGE, OR LOCATION: Toledo
c. LENGTH OF STAY IN 1b: 57 Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Riverside Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Lucas
c. CITY, VILLAGE, OR LOCATION: Toledo
d. STREET ADDRESS: 302 Paine Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

JUSTICE ONLY

3. NAME OF DECEASED (TYPE OR PRINT): First EMERY — Middle S — Last FABOS
4. DATE OF DEATH: Month Aug — Day 4 — Year 1965
5a. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-28-06
9. AGE (In years last birthday): 58
If Under 1 Year: Months — Days; If Under 24 Hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner
10b. KIND OF BUSINESS OR INDUSTRY: Ohio State Ind. Relations Dept.
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: MICHAEL FABOS
14. MOTHER'S MAIDEN NAME: APPOLONIA GARAI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Enter no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 270-14-7530
17. INFORMANT'S NAME: Mrs Anna Fabos — Address: As Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: ABOUT 2½ HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY ATHEROSCLEROSIS
DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

21. I attended the deceased from CN AUG. 4, 65 to ____ and last saw him alive on AUG 4, 65
Death occurred at 11:40 P m on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew A Winter, MD
22b. ADDRESS: 325 Whittemore St. Toledo, O.
22c. DATE SIGNED

23a. BURIAL, CREMA. (Specify): Burial
23b. DATE: 8-7-1965
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): Dorr St. Toledo, Ohio

24. NAME OF EMBALMER: Walter J. Urbanski — (LIC. NO.) 3531A
25. FUNERAL DIRECTOR'S SIGNATURE: J. Oscar Kinsey — (LIC. NO.) 3359
26. FUNERAL FIRM AND ADDRESS: KIMSEY FUNERAL HOME — (STREET NO.) 2001 CONSAUL ST — (CITY) TOLEDO — (STATE) OHIO — 43605

27. DATE REC'D BY LOCAL REG.: AUG 12 1965
28. REGISTRAR'S SIGNATURE: Carl H. Brown
29. DATE REC'D BY SUB-REGISTRAR
30. SUB-REGISTRAR'S SIGNATURE

0460