

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

1 PLACE OF DEATH

County Jackson Registration District No. 641 File No. 19818
Township Boat Primary Registration District No. 2077 Registered No. 40
or Village Coalton No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____

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 Margaret Anna Helbig Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. _____ St. _____ Ward _____ APR 1938
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR W 5. SINGLE, MARRIED, Write the word Widowed or Divorced Widow
5a. If Married, Widowed, or Divorced
Husband of George Helbig
(or) Wife of _____
6. DATE OF BIRTH (month, day, and year) Oct. 6, 1844
7. AGE (years) Months Days If LESS than 1 day _____ hrs. _____ min.
93 5 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Martin Sleppin

14. BIRTHPLACE (city or town) Eschmstadt (State or country) Serquany

15. MAIDEN NAME Catharine Ertle

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

17. INFORMANT Norman Edward Coalton (Address) Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Chillicothe Ohio Date 3-27 1938

19. FUNERAL FIRM Mayhew Funeral Home

19a. BURIED BY C. E. Mayhew Lic. No. 1210

19b. EMBALMER C. E. Mayhew Lic. No. 3442A

20. FILED 3-26, 1938 C. C. Musten Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1938 to 3-25-1938

I last saw her alive on 3-24, 1938, death is said to have occurred on the date stated above at 5:45 A.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

artery S. Artery Date of onset _____

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

extreme old age

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 _____

(Signed) J. M. C. Cunningham M. D.

Date 3-27, 1938 Address Jackson Ohio

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GPGL-9HQ6?view=index> : 20. Apr. 2025), Aufnahme 2062 von 3295; Ohio Historical Society (Columbus, Ohio).
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