on. Minnie

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

19893

1 PLACE OF DEATH
County Ross   Registration District No. 112   File No. _____
Township Scioto   Primary Registration District No. 5734   Registered No. 97
or Village _____   No. _____   St., _____ Ward
or City of Chillicothe, O.   No. 720.4   (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.

Did Deceased Serve in
U. S. Navy or Army _____

2 FULL NAME John Wetzel
(a) Residence. No. Eastern Ave 720 #4 St., _____ Ward.
(Usual place of abode)   (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married	21. DATE OF DEATH Mar 28-1931
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Wetzel	22. I HEREBY CERTIFY, That I attended deceased from Feb-5- , 1931, to Mar-28- , 1931
6. DATE OF BIRTH Nov day 3d yr 1859	I last saw him alive on ___ , 19___ death is said to have occurred on the date stated above at 4:30 Pm
7. AGE Years 71 Months 4 Days 15 If LESS than 1 day, ___ hrs. or ___ min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner 93	Myocardial Degeneration Unknown Acute respiratory tract infection probably influenza type 12-1-30 Herpes Boster 2-15-31
9. Industry or business in which work was done, as silk mill saw 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) (State or country) Chillicothe, O.	CONTRIBUTORY CAUSES of importance not related to principal cause: Unknown
13. NAME Jacob Witzel	
14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation ___ Date of ___
15. MAIDEN NAME Christine Wetzel	What test confirmed diagnosis? ___ Was there an autopsy? ___
16. BIRTHPLACE (city or town) (State or country) Germany	23. If death was due to external causes (violence) fill in also the following:
17. The Signature INFORMANT Elizabeth Wetzel and (Address) Chillicothe Ill.	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.
18. BURIAL, CREMATION, OR REMOVAL Place Grand View Date Mar 31 1931	Manner of injury ___
19. UNDERTAKER C J Ware (Address) Chillicothe O.	Nature of injury ___
19a. Was body embalmed yes Embalmer's No. 3277-A	24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___
20. FILED April 1st 1931 Philip _____ Registrar.	(Signed) A. E. Merkle M. D. (Address) Chillicothe - Ohio.

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:S3HY-DTK3-9KB?view=index