

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 30105
Township Union Primary Registration District No. 111 Registered No. 1938
or Village Columbus (If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus No. 413 E. Fulton St. Ward
2 FULL NAME Jacob Kirchenschlager Did Deceased Serve in
(a) Residence No. 261 St. Ward U. S. Navy or Army
(Usual place of abode) (If nonresident give city or town and State)
Length of residency in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Theresa Kirchenschlager
6 DATE OF BIRTH (month, day, and year) Nov. 20 - 1849
7 AGE Years 78 Months 5 Days 29 If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Baker
(b) General nature of industry, business, or establishment in which employed (or employer) J
(c) Name of employer
9 BIRTHPLACE (city or town) Lumberton
(State or country) Germany
10 NAME OF FATHER Jacob Kirchenschlager
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country) Germany
12 MAIDEN NAME OF MOTHER Charlotte Ulrich
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country) Germany
14 Informant Theresa Kirchenschlager
(Address) 261
15 Filed 3/21, 1928 Registrar W. P. Denton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 19, 1928
17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928 to May 19, 1928
and I last saw him alive on May 19, 1928
and that death occurred, on the date stated above, at 7:15 P. M.
The CAUSE OF DEATH* was as follows:
Acute myocarditis
18 Where was disease contracted (duration) yrs. mos. ds. 4
if not at place of death? Senility
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery DATE OF BURIAL May 22, 1928
20 UNDERTAKER License No. 733-47 ADDRESS 318 East Town St. Columbus, Ohio
DENTON & DONALDSON, W. P. Denton

*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. (See reverse side for additional space.)

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HY-X4JH-9V?view=index> : 1. Mai 2025), Aufnahme 1758 von 3553; Ohio Historical Society (Columbus, Ohio).
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