DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security No. ....

1 PLACE OF DEATH
County Ross
Registration District No. 1132 File No. 50022
Township Scioto
Primary Registration District No. 8430 Registered No. 196
or Village ....
No.........., ...St., ...Ward
or City of Chillicothe
(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.

2 FULL NAME Adam Eckinger
Did Deceased Serve in U. S. Navy or Army..........

(a) Residence No. 348 Mulberry St., ...Ward
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, Widowed or Divorced (Write the word) Widower
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Fredericka Eckinger
6. DATE OF BIRTH (month, day, and year) 7/12 1847
7. AGE (years) 95 Months - Days 25 If LESS than 1 day..........hrs. or..........min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Germany

FATHER
13. NAME Adam Eckinger
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Marie Schmidt
16. BIRTHPLACE (city or town) (State or country) Germany

17. The Signature of INFORMANT and (Address) Mrs. Brockway, Chillicothe O.

18. BURIAL, CREMATION, OR REMOVAL
Place Grand View Date 8/9 1942

19. FUNERAL FIRM ....
19a. BURIED BY ....Lic. No. 1703
Address Chillicothe
19b. EMBALMER ....Lic. No. 1703

20. FILED Aug. 7, 1942 E. R. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/6 1942

22. I HERBY CERTIFY, That I attended deceased from 1936, 19.., to 8 6 1942
I last saw h.. alive on 8 6 1942, death is said to have occurred on the date stated above at 6:20 .m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset
Valvular heart disease 1936
92d

CONTRIBUTORY CAUSES of importance not related to principal cause:
Arteriosclerosis 1930

Name of operation none Date of..........
What test confirmed diagnosis?.......... Was there an autopsy?..........

23. If death was due to external cause (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? no
If so, specify..........

(Signed) C. D. Leggett M. D.
Date Aug. 6 1942 Address Chillicothe, O.

IMPORTANT. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKP-4M1T?view=index : 4. Mai 2025), Aufnahme 2695 von 3341; Ohio Historical Society (Columbus, Ohio).
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