Form V. S. No. 11—200M—4-8-14.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

51432

PLACE OF DEATH.

County of Ross

Township of ..... Registration District No. 1132 File No. .....

or

Village of ..... Primary Registration District No. 8130 Registered No. 200

or

City of Chillicothe O. (No. 304 E. Mulberry St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Adam Edinger

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: W | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 30 (Month) (Day) 1859 (Year)

7 AGE: 55 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Meat Packer
(b) General nature of industry, business, or establishment in which employed (or employer): Ret

9 BIRTHPLACE (State or country): Chillicothe O

PARENTS

10 NAME OF FATHER: Tobias Edinger

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Griesheimer

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tobias Edinger

(Address) Chillicothe Ohio

15 Filed Sept 27, 1915 Philip S Steward Registrar

11—6184

Dr Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 25, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Sept 25, 1915, that I last saw h— alive on Sept 25, 1915, and that death occurred, on the date stated above, at 10:45 M.

The CAUSE OF DEATH* was as follows:-

1 Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) GE Robbins M. D.

Sept 27, 1915 (Address) Chillicothe O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenlawn | DATE OF BURIAL: Sept 27 1915

20 UNDERTAKER: C Jones | ADDRESS: Chillicothe O

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPTC-R7D?view=index : 4. Mai 2025), Aufnahme 2628 von 3271; Ohio Historical Society (Columbus, Ohio).
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