STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Ross Registration District No. 5729 File No.
Township Huntington Primary Registration District No. 472 Registered No. 24763
or Village No. St., Ward
(If death occured in a hospital or institution, give its NAME instead of street and number)
or City of

2 FULL NAME Emma Wetzel
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed or Divorced (write the word): Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year) Aug-2-1857
7 AGE: Years 64, Months 8, Days 20. If LESS than 1 day ......hrs. or ......min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) Chillicothe
(State or country) Ohio

PARENTS
10 NAME OF FATHER Antone Miller
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Catherine Gerisher
13 BIRTHPLACE OF MOTHER (city or town) Chilli'
(State or country) Ohio
14 Informant Jacob Wetzel
(Address) R.D. Chillicothe O
15 Filed 4-22 1922 W H Cooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 4-22-1922
17 I HEREBY CERTIFY, That I attended deceased from 4-16 1922, to 4-20- 1922
that I last saw h... alive on .... 19...
and that death occurred, on the date stated above, at 2:00 A. m.
The CAUSE OF DEATH* was as follows:
Acute Dilitation of the heart
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Unknown
Unknown (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) Dr. Albert E. Merkle M. D.
4-22- 1922 (Address) Chillicothe Ohio

*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenlawn
DATE OF BURIAL: 4/24/1922
20 UNDERTAKER, License No.: C. J. Ware
ADDRESS: Chi. 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:

https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKP-SW2?view=index