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. The "Special Information" for persons dying away from home should be given in every instance.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11—500M-3-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Ross

Township of .... Registration District No. 1132

or Village of .... Primary Registration District No. 8430 File No. 45[illegible]

or City of Chillicothe (No. Eastern Ave St., 4 Ward) Registered No. [illegible]50

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Thomas Schrader

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR OR RACE	White
DATE OF BIRTH (Month) (Day) (Year)	Mar 10 1861
AGE	51 years, 5 months, 12 days.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or Foreign Country)	Ohio
OCCUPATION	Gardner
NAME OF FATHER	Lorenz Schrader
BIRTHPLACE OF FATHER (State or Foreign Country)	Germany
MAIDEN NAME OF MOTHER	Maria Greishmann
BIRTHPLACE OF MOTHER (State or Foreign Country)	German

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Thomas Schrader

(Address) Chillicothe O.

Filed Aug 23 1912 Philip Seward, Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 19, 1912 to August 21 1912

that I last saw him alive on August 21 1912

and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Paralysis of heart

(Duration) .... Days

Contributory Acute Indigestion & probably gallstones (Duration) 24 Days

(Signed) Josephine Riley M.D.

Aug 22 1912 (Address) Chillicothe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .... How long at Place of Death? .... Days

Where was disease contracted, if not at place of death? ....

PLACE OF BURIAL or REMOVAL Grand View DATE OF BURIAL Aug 26 1912

UNDERTAKER McInerney ADDRESS Chillicothe O.

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ5-S4T2?view=index