Smeared Ink

Form V. S. No. 11—500M-8-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Ross

Township of ..... Registration District No. 573

or

Village of ..... Primary Registration District No. 5654

or

City of Chillicothe (No. 418 S. Hickory St., ... Ward)

File No. 58516

Registered No. 277

(If death occured in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Anna Mary Griesheimer

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR OR RACE White

DATE OF BIRTH Aug (Month) 11th (Day) 1842 (Year)

AGE 67 years, ... months, ... days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or Foreign Country) Germany

OCCUPATION Horse Keeper.

NAME OF FATHER Jacob Gobel.

BIRTHPLACE OF FATHER (State or Foreign Country) Germany

MAIDEN NAME OF MOTHER Anna Thosie Gobel.

BIRTHPLACE OF MOTHER (State or Foreign Country) Germany

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

(Informant) Conrad Griesheimer Jr.

(Address) 381 Shelby St.

Filed Nov 8 1909

Philip J. Seward (Deputy) Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 6th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1909 to Nov 6 1909 inclusive

that I last saw h.. alive on Nov. 6 1909

and that death occurred, on the date stated above, at 6:45 P.M.

M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(Duration) two Days

Contributory Renal calculi, during (Duration) two Days

(Signed) Josephine Riley M. D.

Nov 8 1909 (Address) 135 E. Main St.

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 Greenlawn

DATE OF BURIAL 11—9—1909

UNDERTAKER Bonner Bros

ADDRESS 82. West Main St.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9P2P-386J?view=index : 13. Apr. 2025), Aufnahme 2918 von 3063; Ohio Historical Society (Columbus, Ohio).
Image Group Number: 004020916

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