

CAUSE OF DEATH in plain terms, so that it may be properly classified, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Coss Registration District No. 1132 File No. 74725
Township _____ Primary Registration District No. 8430 Registered No. 338
or Village Chillicothe, O No. Chillicothe Hosp St. _____ Ward _____
(If death occurred in a hospital or institution, give the name instead of street and number)
or City of _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.
Length of residence in city or town where death occurred yrs. _____ mos. _____ ds.
2 FULL NAME Catherine Schurrmann Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. 366 E 7th St Ward. _____
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of George T Schurrmann
(or) WIFE of _____
6. DATE OF BIRTH (month, day, year) 31 1848
7. AGE Years 84 Months 5 Days 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Germany
(State or country) _____
13. NAME Mrs. Meiert
14. BIRTHPLACE (city or town) Germany
(State or country) _____
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) _____
17. INFORMANT George Schurrmann
The Signature _____ and (Address) Chillicothe, O
18. BURIAL, CREMATION, OR REMOVAL Grand View Date 1-2-33
Place _____
19. UNDERTAKER J. Ware
(Address) Chillicothe, O
19a. Was body embalmed _____ Embalmer's No. 3277-A
20. FILED F 3 1933 E. K. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 - 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1932 to Dec. 31, 1932
last saw her alive on _____ death is said to have occurred on the date stated above at 5:45 pm
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Bright's Disease Date of onset _____
CONTRIBUTORY CAUSES of importance not related to principal cause: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO
23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____
Accident, suicide, or homicide? _____
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? _____
If so, specify _____
(Signed) W. L. Counts M. D.
Date 1/3 1933 Address Chillicothe, Ohio

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9PK6-JJ3?view=index> : 1. Apr. 2025), Aufnahme 591 von 2387; Ohio Historical Society (Columbus, Ohio).

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