

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Pass Registration District No. 1132 File No. 79217
Township Scarb Primary Registration District No. 5734 Registered No. 320
or Village Scarb No. 0 St. 0 Ward 0
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Scarb
Length of residence in city or town where death occurred 178 mos. 0 da. How long in U. S., if of foreign birth? 178 mos. 0 da.
2 FULL NAME Elizabeth Greenheimer Wetzel Did Deceased Serve in U. S. Navy or Army?
(a) Residence. No. Eastern Ave. St. 0 Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Wetzel</u>			
6. DATE OF BIRTH (month, day, and year) <u>12-11-1862</u>			
7. AGE Years <u>73</u> Months <u>11</u> Days <u>23</u>	If LESS than 1 day, <u>hrs.</u> <u>0</u> min. <u>0</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>			
10. Date deceased last worked at this occupation (month and year) <u>0</u>			
11. Total time (years) spent in this occupation <u>0</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Chillicothe, Ohio</u>			
13. NAME <u>Martin Greenheimer</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
15. MAIDEN NAME <u>Barbara Bahr</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
17. The Signature of Informant and (Address) <u>John Wetzel, Chillicothe, Ohio</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grandview</u> Date <u>Dec 14 - 36</u>			
19. FUNERAL DIRECTOR <u>C. J. Wan</u> Lic. No. <u>3277H</u>			
19a. Was body embalmed? <u>Yes</u> Embalmer's Lic. No. <u>0</u>			
20. FILED <u>Dec 12 1936</u> <u>CR Miller</u> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Dec 11 1936</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 7 1936</u> to <u>Dec 11 1936</u> I last saw her alive on <u>Dec 10 1936</u> death is said to have occurred on the date stated above at <u>6 PM</u>	
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Angina Pectoris</u> <u>Sick about 8 hrs.</u> <u>40</u>	
CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Old heart about 10 yrs</u> <u>Cancer of Uterus - known 2 yrs</u>	
Name of operation <u>0</u> Date of <u>0</u>	
What test confirmed diagnosis? <u>0</u> Was there an autopsy? <u>0</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>0</u> Date of injury <u>0</u> Where did injury occur? <u>0</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>0</u> Nature of injury <u>0</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Josephine Riley M. D.</u> (Signed) <u>Dec 11 1936</u> Address <u>131 E. Main St.</u>	

Quellenangabe:

<https://www.familysearch.org/ark:/61903/3:1:33S7-9574-95DP?view=index>