STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Lucas Registration District No. 1132 File No. 40150
Township ... Primary Registration District No. 8430 Registered No. 147
or Village ... No. ..., ... St., ... Ward
or City of Sylvania (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Wetzel Baumgartner

(a) Residence. No. 325 Main 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	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Geo. Baumgartner

6 DATE OF BIRTH (month, day, and year) Nov. 13-1850

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
71	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10 NAME OF FATHER Jacob Wetzel
11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Germany
12 MAIDEN NAME OF MOTHER Christina Wetzel
13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Germany

14 Informant Geo. Baumgartner
(Address) Sylvania Ohio

15 Filed 7-27 1922 Philip S. Durand REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 7/23 1922

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h-e-r alive on ..., 19...
and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver &
Gall Stones

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? ... Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...

(Signed) Frank J. Shaw, M. D.
7/26, 1922 (Address) Sylvania

*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	DATE OF BURIAL
Grand View	7/27 1922
20 UNDERTAKER, License No. 119	ADDRESS
W. H. Emery	City

of OCCUPATION is very important. See instructions on back of certificate.

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:33S7-9PKP-T9C?view=index