4001894_00455

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

12277

1 PLACE OF DEATH
County Ross Registration District No. 1137 File No.
Township Primary Registration District No. 2430 Registered No. 56
or Village No Chillicothe Hospital St., Ward
or City of Chillicothe, O
(If death occurred in a hospital or institution, give its NAME instead of street and number)
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.
2 FULL NAME Katherine Pfeifer Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 322 E 15 St., Ward.
(Usual place of abode) (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): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Pfeifer
6. DATE OF BIRTH (month, day, and year): [illegible] 1874
7. AGE — Years: 59 Months: 7 Days: 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as *spinner, weaver, sawyer, bookkeeper*, etc.: Housekeeper
9. Industry or business in which work was done, as *silk mill, saw mill, bank*, etc.: Own Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Chillicothe O.

FATHER
13. NAME: Hartman Greisheimer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Strick
16. BIRTHPLACE (city or town) (State or country): Ohio

17. The Signature of INFORMANT and (Address): William Pfeifer Chillicothe O.
18. BURIAL, CREMATION, OR REMOVAL. Place: Grand Lodge Date: Mar. 2-34
19. UNDERTAKER (Address): S. E. Ware Chillicothe O.
19a. Was body embalmed? Yes Embalmer's No. 3277-A
20. FILED 3-1 1934 E. R. Miller Registrar.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1934, 19
22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1933 to Feb 27, 1934
I last saw her alive on Feb 27 1934, death is said to have occurred on the date stated above at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
[redacted] Heart Disease	
Chronic Valvular heart disease	4 years

CONTRIBUTORY CAUSES of importance not related to principal cause:
Chronic Cholecystitis with gall Stones — 1 to 2 yrs

Name of operation: Drain Gall Bladder Date of: 2-20-34
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
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? No
If so, specify
(Signed) L. T. Frankhauser M. D.
Date 3-1 1934 Address Chillicothe O

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:S3HT-67MQ-NYG?view=index : 3. Mai 2025), Aufnahme 455 von 3293; Ohio Historical Society (Columbus, Ohio).
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