

		DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		48355	
1 PLACE OF DEATH		County <u>ROSS</u> Registration District No. <u>1132</u> File No.			
Township		Primary Registration District No. <u>8430</u> Registered No. <u>216</u>			
or Village		No. St. Ward			
or City of <u>Chillicothe Ohio</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Philip Moser</u>		Did Deceased Serve in U. S. Navy or Army.			
(a) Residence. No. <u>237 S. Mulberry Street</u> St. Ward.		(If nonresident give city or town and State)			
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 <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>			
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Josephine Moser</u>					
6 DATE OF BIRTH (month, day, and year) <u>Oct. 2/1849</u>					
7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>77</u>	<u>8</u>	<u>24</u>		
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Retired Contractor</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9 BIRTHPLACE (city or town) <u>Germany</u> (State or country)					
10 NAME OF FATHER <u>Unknown</u>					
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u>					
12 MAIDEN NAME OF MOTHER <u>Unknown</u>					
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u>					
14 Informant <u>Paul Moser</u> (Address) <u>Chillicothe Ohio</u>					
15 File <u>Aug. 27 1927</u> <u>Philip Moser</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH (month, day, and year) <u>Aug. 26/1927</u> 19					
17 I HEREBY CERTIFY, That I attended deceased from <u>July 3</u> , 19 <u>27</u> , to <u>Aug 26</u> , 19 <u>27</u> that I last saw <u>him</u> alive on <u>Aug 25</u> , 19 <u>27</u> and that death occurred, on the date stated above, at <u>6:40-AM</u> . The CAUSE OF DEATH* was as follows: <u>Chronic myocarditis</u>					
18 Where was disease contracted (duration) <u>3</u> yrs. <u>5</u> mos. <u>5</u> ds. if not at place of death? <u>5</u> yrs. <u>5</u> mos. <u>5</u> ds.					
Did an operation precede death? <u>no</u> Date of					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>Chronic</u> (Signed) <u>C. D. H. M.</u> M. D. <u>8.27</u> , 19 <u>27</u> (Address) <u>Chillicothe, Ohio</u>					
*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 <u>Grandview Cemetery</u> DATE OF BURIAL <u>8/28-27</u>					
20 UNDERTAKER <u>W. J. Ware</u> ADDRESS <u>Chillicothe</u>					
20a EMBALMER <u>Jesse Jacobs</u> LICENSE NO. <u>3277-A</u>					

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HT-6WJQ-G37?view=index> : 26. Apr. 2025), Aufnahme 950 von 3348; Ohio Historical Society (Columbus, Ohio).
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