

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH Rom Registration District No. 1132 File No. 37019
 County Chittenden Primary Registration District No. 7430 Registered No. 144
 Township Chittenden No. St. Ward 6
 or Village Chittenden (If death occurred in a hospital or institution, give its name instead of street and number.)
 or City of Chittenden Did Deceased Serve in U. S. Navy or Army _____

2 FULL NAME Katherine Edinger
 (a) Residence No. 382 So. Mulberry St. Ward 6
 Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Widow
 3a If married, widowed or divorced FUBAND of (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) Jan. 31, 1839
 7 AGE Years 86 Months 5 Days 13 If LESS than 1 day hrs. min. _____
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Germany
 (State or country) _____

10 NAME OF FATHER Paul Griesheimer
 11 BIRTHPLACE OF FATHER (city or town) Ger.
 (State or country) _____

12 MAIDEN NAME OF MOTHER Margaret Griesheimer
 13 BIRTHPLACE OF MOTHER (city or town) Germany
 (State or country) _____

14 Informant Mrs. J. B. Clark
 (Address) Chittenden
 15 Filed 6-19, 1925 Philip Edward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 18, 1925
 17 I HEREBY CERTIFY, that I attended deceased from June 17, 1925, to June 18, 1925, that I last saw her alive on June 17, 1925, and that death occurred, on the date stated above, at 5:30 A.M.
 The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Complications due to
old age (duration) 4 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? _____
 What test confirmed diagnosis? _____
 (Signed) Josephine Riley, M. D.
June 19, 1925 (Address) 139 E. Main St.
 *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 Grandview DATE OF BURIAL 6-20-1925
 20 UNDERTAKER, License No. C. J. Ware ADDRESS Chittenden

OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKF-9LWK?view=index> : 8. Apr. 2025), Aufnahme 2076 von 3645; Ohio Historical Society (Columbus, Ohio).
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