STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

904 44818

1 PLACE OF DEATH
County Monty Registration District No. File No.
Township Primary Registration District 8.3.90 Registered No. 1411
or Village No. St., Ward
(If death occured in a hospital or institution, give its NAME instead of street and number)
or City of Dayton

2 FULL NAME Anna Margaret Kirschenschlager
(a) Residence. No. 2814 Eaton Ave W. D Ward.
(Usual place of abode) (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	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

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

6 DATE OF BIRTH (month, day, and year) Sept. 10 1845

7 AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
73	10	7	

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)
(State or country) Germany

PARENTS
10 NAME OF FATHER John Eberle
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Anna M. Krick
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mary Raisen
(Address) 2814 Eaton Ave.

15 JUL 20 1919 R C Hunnyard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 17 1919

17 I HEREBY CERTIFY, That I attended deceased from July 16, 19 9, to July 17, 19 9,
that I last saw her alive on July 17, 19 9,
and that death occurred, on the date stated above, at 9 45 P. m.
The CAUSE OF DEATH* was as follows:
Obstruction Bowel (Fecal)

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1814 Eaton ave
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Wm. B Bryant M. D.
July 9, 19 9 (Address) 1004 Wilkinson

*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
Chillicothe Ohio	July 21 1919
20 UNDERTAKER, License No.	ADDRESS
Riesingers 2230 a.	Dayton Ohio

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

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ1-3BWQ?view=index : 19. Apr. 2025), Aufnahme 1098 von 3306; Ohio Historical Society (Columbus, Ohio).
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