Vernon M. H.

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

13604

1 PLACE OF DEATH
County Ross Registration District No. 112 File No.
Township Primary Registration District No. 24 3 0 Registered No. 65
or Village No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Chillicothe
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.
Did Deceased Serve in U. S. Navy or Army
2 FULL NAME Mary A. Hoover
(a) Residence. No. 306 Eastern Ave St., 3rd Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

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

6. DATE OF BIRTH (month, day, and year) Jan 21 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper*, etc. At Home
9. Industry or business in which work was done, as *silk mill, saw mill, bank*, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio

FATHER
13. NAME Lawrence Schrader
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna M. Greisheimer
16. BIRTHPLACE (city or town) (State or country) Germany

17. The Signature of INFORMANT and (Address) Mrs Edna Hoover Chillicothe, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Mausoleum Date March 2 1937

19. FUNERAL DIRECTOR M. J. Grahn Lic. No. 778
(Address)

19a. Was body embalmed Yes Embalmer's Lic. No. 4549

20. FILED Mar 2 1937 E. K. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to Feb 28, 1937.
I last saw her alive on Feb 20, 1937, death is said to have occurred on the date stated above at m.

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

	Date of onset
Cerebral Hemorrhage	
Senility	

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Hans A Person M. D.
Date 193 Address Chillicothe Ohio

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:33S7-9P2P-94GF?view=index