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

1921

1 PLACE OF DEATH
County Ross Registration District No. 3737 File No. 55
Township N. Union Primary Registration District No. Registered No.
or Village No. St., Ward
or City of (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 Minnie Pinkliff Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. Clarksburg Pike R.F.D. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) July 12 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	4	17	

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

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

FATHER
13. NAME Louis Krick
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Schmidt
16. BIRTHPLACE (city or town) (State or country) Ohio

17. The Signature of INFORMANT and (Address) Walter Pinkliff Chillicothe, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Date Dec 1 - 36

19. FUNERAL DIRECTOR C. J. Welle (Address) Lic. No.

19a. Was body embalmed? Yes. Embalmer's Lic. No. 3272

20. FILED 11-30 1936 Harry Cook Registrar.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 36 to Nov 29 1936
I last saw her alive on Nov. 28 1936 death is said to have occurred on the date stated above at 6 A.M.

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

	Date of onset
Coronary Occlusion	

CONTRIBUTORY CAUSES of importance not related to principal cause:

Nephritis Chronic	

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) David A. Perry M. D.
Dated 11-30 1936 Address Chillicothe Ohio

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PGL-SM14?view=index : 24. Apr. 2025), Aufnahme 2081 von 3323; Ohio Historical Society (Columbus, Ohio).
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