Form V. S. No. 11—200M—6-12-13.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38095

PLACE OF DEATH.

County of Ross

Township of ..... Registration District No. 1132 File No. .....
or
Village of ..... Primary Registration District No. 8430 Registered No. 121
or
City of Chillicothe O. (No. 2, ... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME George Theobald Schirmann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: Sept 1 1839 (Month) (Day) (Year)
7 AGE: 74 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.
8 OCCUPATION (a) Trade, profession, or particular kind of work: Gardner (4) (6)
(b) General nature of industry, business, or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Germany

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Adam
(Address) R.F.D. #1, Chillicothe

15 Filed June 6, 1914 Philip A. Edwards Registrar

G1—3181

Dr. Marr

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH: June 5 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ~, 191..., to ~, 191..., that I last saw h... alive on ..., 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: 11:15 A.M.
Cerebral Apoplexy —
(Died before Arrival)
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Arteria-Sclerosis
(Duration) Unk yrs. ... mos. ... ds.

(Signed) F J Marr M. D.
June 6, 1914 (Address) Chillicothe Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Grand View
DATE OF BURIAL: June 7 1914

20 UNDERTAKER: C J Ware
ADDRESS: Chillicothe O.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK3-S2KQ?view=index : 1. Apr. 2025), Aufnahme 1733 von 3296; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK3-S2KQ?view=index