Form V. S. No. 11—500M-8-1-09

PLACE OF DEATH.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Ross

Township of Springfield Registration District No. 513 File No. 69025 F

or

Village of Kingston Primary Registration District No. 4089 Registered No. 302

or

City of ..... (No. ..... St., ... Ward) (If death occured in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."

FULL NAME Philip Klotz

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR OR RACE W

DATE OF BIRTH Oct (Month) 21 (Day) 1846 (Year)

AGE 64 years, 1 months, 17 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or Foreign Country) Germany

OCCUPATION Shoemaker

NAME OF FATHER Magdalen Klotz

BIRTHPLACE OF FATHER (State or Foreign Country) Germany

MAIDEN NAME OF MOTHER Eva Metz

BIRTHPLACE OF MOTHER (State or Foreign Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss Emma Klotz

(Address) Chillicothe O R.F.D. 34

Filed Dec 9 1910 Philip Seward Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 8 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1910 to Dec 8 1910

that I last saw h[illegible] alive on Dec 7 1910

and that death occurred, on the date stated above, at 4.20 A.M. The CAUSE OF DEATH was as follows:

Apoplexy

(Duration) 8 Days

Contributory —

(Duration) ..... Days

(Signed) W H Gillespie M. D.

Dec 8 1910 (Address) Chillicothe O

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL or REMOVAL Green Lawn | DATE OF BURIAL Dec 11 1910

UNDERTAKER Isaac Chillicothe | ADDRESS

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ5-94WG?view=index : 26. Apr. 2025), Aufnahme 1139 von 2658; Ohio Historical Society (Columbus, Ohio).
Image Group Number: 004021040

https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ5-94WG?view=index