Form V. S. No. 11—200M—6-12-13.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Ross

Township of ..... Registration District No. 132 File No. 4862
or
Village of ..... Primary Registration District No. 2430 Registered No. 7
or
City of Chillicothe, O. (No. 509 East Main St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 FULL NAME Wilhelmina Weidenour

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: April 16th, 1828 (Month) (Day) (Year)

7 AGE: 86 yrs. 8 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Jacob Kitchenschlager

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Groshreiner

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Caroline McClelland
(Address) Chillicothe, Ohio.

15 Filed Jan 7, 1915 Philip J. Seward, Registrar

1—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 5th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1914, to Jan 5, 1915, that I last saw h.. alive on Jan 4, 1915, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:
Exhaustion due to gradual failing of all the vital powers.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Josephine Riley, M. D.
Jan. 6, 1915 (Address) 195 E. Main St.

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

18 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: Grandview | DATE OF BURIAL: 1—7—, 1915

20 UNDERTAKER: John T. Bonner | ADDRESS: Chillicothe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important. See instructions on back of certificate.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK3-3VLX?view=index : 1. Apr. 2025), Aufnahme 2204 von 3238; Ohio Historical Society (Columbus, Ohio).

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