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

1 PLACE OF DEATH
County Ross Registration District No. 1132 File No. 11482
Township Primary Registration District No. 5430 Registered No. 46
or Village No. St. Ward
or City of Chillicothe (If death occured in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME John Adam Medert Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 872 E. Main St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

3a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 28-1844

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS
10 NAME OF FATHER Louis Medert
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ger.
12 MAIDEN NAME OF MOTHER Margaret Buckenhan
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ger.

14 Informant Mrs. Margaret Medert
(Address) Chillicothe O.

15 Filed 2-4-, 1924 Philip Seward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 2-3- 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1924 to Feb. 3, 1924
that I last saw him alive on Feb. 3, 1924
and that death occurred, on the date stated above, at 8:45 A.m.
The CAUSE OF DEATH* was as follows:
Catarrhal Pneumonia
Lobar
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) O. L. Dunn M. D.
Jan 4, 1924 (Address) Chillicothe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Grandview	2-6- 1924
20 UNDERTAKER, License No. C. J. O'Brien	ADDRESS Ch. O.

should state CAUSE OF DEATH in plain terms 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:S3HT-696Q-FKG?view=index : 30. März 2025), Aufnahme 3221 von 3245; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:S3HT-696Q-FKG?view=index