STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Ross Registration District No. 1132 File No. 38891
Township Primary Registration District No. 8430 Registered No. 103
or Village No. St., Ward
or City of Chillicothe O (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helena E. Greenheimer
(a) Residence. No. 135 E. Main St., 2 Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X yrs. X mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) Mar 24-1868

7 AGE | Years 52 | Months 1 | Days 21 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gov clerk U.S.C.
(b) General nature of Industry, business, or establishment in which employed (or employer)
Name of employer U.S.G.

9 BIRTHPLACE (city or town) Chillicothe O
(State or country) Ross Co O

PARENTS

10 NAME OF FATHER Adam Greenheimer
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Caroline Fleick
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Dr Josephine P. Riley
(Address) Chillicothe O

15 Filed 5-17, 1920 Philip J Seward Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) May (day and year) 15- 1920

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1920, to May 15, 1920
that I last saw h[illegible] alive on May 15-4, 1920
and that death occurred, on the date stated above, at 1.45 a.m.
The CAUSE OF DEATH* was as follows:

T.O.
Interstitial Nephritis
(duration) yrs. 2 mos. 15 ds.
CONTRIBUTORY (SECONDARY) Pyorrhoea
(duration) 2 yrs. 5 mos. 15 ds.

18 Where was disease contracted if not at place of death? Washington, D.C.
Did an operation precede death? Had teeth pulled
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Josephine Riley, M. D.
(Address) 133 E. Main St.

*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	May 17 1920
20 UNDERTAKER, License No. C. Crane	ADDRESS Chillicothe O

Dr Josephine Riley

OR 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.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-9KH8?view=index : 30. März 2025), Aufnahme 901 von 3307; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-9KH8?view=index