

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.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Pass Registration District No. 1132 File No. 52498
Township _____ Primary Registration District No. 2430 Registered No. 306
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Schobelock
(a) Residence No. 306 South Milwaukee St. St. 4 Ward _____
(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 F 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Widowed

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

6 DATE OF BIRTH (month, day, and year) Dec 5 1860

7 AGE Years _____ Months 8 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

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

9 BIRTHPLACE (city or town) Chillicothe
(State or country) Ohio

10 NAME OF FATHER Nicholas Michels
(State or country) Germany

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) _____

12 MAIDEN NAME OF MOTHER Mary Switzer
(State or country) Germany

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) _____

14 Informant Ernest J. Schobelock
(Address) Chillicothe, Ohio

15 Filed 8-18, 1926 Philip Seward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from _____, 1926, to Aug 14, 1926
that I last saw him alive on Aug 14, 1926
and that death occurred, on the date stated above, at 4:40 P. m.
The CAUSE OF DEATH* was as follows:
Secondary cancer of lungs
(duration) _____ yrs. 8 mos. _____ ds.
CONTRIBUTORY Cancer of breast
(SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
if not at place of death? _____

Did an operation precede death? Yes Date of 1924

Was there an autopsy? No

What test confirmed diagnosis? _____
(Signed) Joseph Holmes M. D.
Aug 17, 1926 (Address) Chillicothe, Ohio

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Margarets DATE OF BURIAL Aug 17 1926

20 UNDERTAKER, License No. _____ ADDRESS M. J. Grohs, Chillicothe, Ohio

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HY-64K9-FX7?view=index> : 30. März 2025), Aufnahme 2391 von 3545; Ohio Historical Society (Columbus, Ohio).

<https://www.familysearch.org/ark:/61903/3:1:S3HY-64K9-FX7?view=index>