Form V. S. No. 11—200M—6-10-12

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Ross — Registration District No. 1132 — File No. 24724

Township of ..... — Primary Registration District No. 8430 — Registered No. 23

or Village of ..... or City of Chillicothe O. (No. 684 Eastern Ave St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Adam Schabeclaske

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: July (Month) 30 (Day) 1830 (Year)

7 AGE: 85 yrs. 8 mos. ..... 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: Don't Know

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: (Unknown) Matthias

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Wunch
(Address) Eastern Ave

15 Filed April 6, 1915 — Philip S. Seaman, Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 1st (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1915, to Apr 1, 1915, that I last saw h[illegible] alive on March 31, 1915, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(of the aged)
(Duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) E. Morgan Lupton M. D.
April 4, 1915 (Address) Chillicothe O

*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: St. Margarets — DATE OF BURIAL: 4-5, 1915

20 UNDERTAKER: Forbes & Bonner — ADDRESS: 82 W. Main

CAUSE OF DEATH should state CAUSE OF DEATH, plainly. See instructions on back of certificate. statement of OCCUPATION is very important.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PK3-92XP?view=index : 30. März 2025), Aufnahme 1928 von 3299; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:33S7-9PK3-92XP?view=index