

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item 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.

Form V. S. No. 11—50M—8-20-17

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH.  
County of Ross  
Township of \_\_\_\_\_ Registration District No. 1182 File No. 50655  
or  
Village of \_\_\_\_\_ Primary Registration District No. 8430 Registered No. 369  
or  
City of Chillicothe (No. 5848, Highway St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
FULL NAME Christina Griesheimer

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	2 COLOR OF RACE <u>White</u>	3 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
4 DATE OF BIRTH <u>May 22</u> , 18 <u>87</u> Month (Day) (Year)		
5 AGE <u>61</u> yrs. mos. ds. If LESS than 1 day, hrs. or min.? <u>29</u>		
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u>		
7 BIRTHPLACE (State or country) <u>Ohio</u>		
PARENTS	10 NAME OF FATHER <u>Ludwig Krich</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Wetzel</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Aug 20, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Mar. 8, 1918, to Aug. 20, 1918, that I last saw her alive on Aug 20, 1918, and that death occurred, on the date stated above, at 225 p.  
The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease  
(Duration) 2 yrs. mos. ds.  
Contributory Pneumonia Last Winter  
(Duration) \_\_\_\_\_ yrs. mos. ds.  
(Signed) A. A. Frankles, M. D.  
Aug 21, 1918 (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 DATE OF BURIAL  
Greenlawn Cem Aug 22, 1918  
20 UNDERTAKER ADDRESS  
C. J. Ware Chillicothe

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Pfeifer  
(Address) Chillicothe, O.  
15 Filed Aug 21, 1918 Philip D. Howard Registrar  
11—3184 127-22

Quellenangabe:

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