

or information should be carefully supplied. AGE should be stated in years, months and days. Exact statement 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 <u>Cross</u> Registration District No. <u>1132</u> File No. <u>59922</u> Township _____ Primary Registration District No. <u>8490</u> Registered No. <u>293</u> or Village _____ No. _____ St. _____ Ward _____ or City of <u>Chillicothe, O.</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Mary Krick</u> (a) Residence, No. <u>449 N. High St.</u> St. _____ Ward _____ (Usual place of abode) (If nonresident give city or town and State) 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 <u>Female</u> COLOR OR RACE <u>White</u> 5 Single, Married, Widowed or Divorced (write the word) <u>Widow</u>	16 DATE OF DEATH (month, day and year) <u>10/3 1919</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Louis Krick</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 26, 1919</u> to <u>Oct. 3 1919</u> that I last saw him alive on <u>Oct 2 1919</u> and that death occurred, on the date stated above, at <u>12:57 A.M.</u>
6 DATE OF BIRTH (month, day, and year) <u>April 25-1845</u>	The CAUSE OF DEATH* was as follows: <u>Thromboplegia due to</u> <u>Cerebral hemorrhage</u> (duration) _____ yrs. _____ mos. <u>7</u> ds.
7 AGE Years <u>73</u> Months <u>5</u> Days <u>28</u> If LESS than 1 day _____ hrs. or _____ min.	CONTRIBUTORY (SECONDARY) <u>Arterio Sclerosis</u> (duration) <u>many yrs.</u>
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer	18 Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>no</u> Date of <u>Oct 3 / 1919</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____ (Signed) <u>Josephine Riley</u> M. D. , 19 _____ (Address) <u>135 E. Main St.</u>
9 BIRTHPLACE (city or town) <u>Germany</u> (State or country)	*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.)
10 NAME OF FATHER <u>Jacob Schmidt</u>	19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Greenlawn</u> DATE OF BURIAL <u>10-5-1919</u>
11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u> (State or country)	20 UNDERTAKER, License No. _____ ADDRESS _____
12 MAIDEN NAME OF MOTHER <u>Anna M. Griesheimer</u>	<u>John T. Bonner</u> <u>Chillicothe</u> Olin
13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u> (State or country)	
14 Informant <u>John Louis Krick</u> (Address) <u>Washington D.C.</u>	
15 Filled <u>10-6-19</u> <u>Philip S. Edward</u> REGISTRAR	

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-SG2K?view=index> : 21. Apr. 2025), Aufnahme 1595 von 3299; Ohio Historical Society (Columbus, Ohio).
Image Group Number: 004022015

<https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-SG2K?view=index>