STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 69147
Township Primary Registration District No. 8187 Registered No. 4398
or Village No. St., Ward
(If death occured in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
Did Deceased Serve in U. S. Navy or Army?

2 FULL NAME Wilhemine Klotz
(a) Residence. No. 1006 E. 12th Ave. St., Ward. (If nonresident give city or town and State)
(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: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (write the word): Widow
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Phillip Klotz
6 DATE OF BIRTH (month, day, and year): Apr 5-1850
7 AGE: Years 77, Months 8, Days 19; 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

PARENTS
10 NAME OF FATHER Louis Krick
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Magdalena Metzger
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Lewis Klotz
(Address) Columbus Ohio
15 Filed 12/26 1927 J. M. Kenyon Registrar

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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 24 1927
17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 23, 1927
that I last saw her alive on Dec 23, 19
and that death occurred, on the date stated above, at 6 a.m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Arterio Sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Jos A. Turner, M. D.
12-24, 1927 (Address) 258 E. Broad

*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: Greenlawn Cem. Chillicothe
DATE OF BURIAL: Dec 26-27
20 UNDERTAKER: The Schoedinger Co.
ADDRESS: Columbus, O.
20a EMBALMER: E J Morrow
LICENSE NO. 1779-A

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. N. B.—Information should be carefully supplied. AGE should be stated EXACTLY.

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-314V?view=index : 26. Apr. 2025), Aufnahme 688 von 2686; Ohio Historical Society (Columbus, Ohio).
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