

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH Ross Registration District No. 1132 File No. 41299
 County Chillicothe Township Chillicothe Primary Registration District No. 9470 Registered No. 131
 or Village Chillicothe No. _____ St. _____ Ward _____
 or City of Chillicothe (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Tobias Edinger
 (a) Residence Neola, Wabasha St. _____ 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 M 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Married
 5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) June 30 - 1890
 7 AGE Years 31 Months X Days 7 If LESS than 1 day... hrs. or... min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Butcher
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9 BIRTHPLACE (city or town) Germany (State or country) _____
 10 NAME OF FATHER Adrian Edinger
 (State or country) _____
 11 BIRTHPLACE OF FATHER (city or town) Germany
 (State or country) _____
 12 MAIDEN NAME OF MOTHER Margaret Edinger
 13 BIRTHPLACE OF MOTHER (city or town) Germany
 (State or country) _____
 14 Informant Paula Tucker Clark (Address) Chillicothe, O.
 15 Filed 7-7-1921 Philip Edward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 7/7 1921
 I HEREBY CERTIFY, That I attended deceased from July 1, 1921, to July 7, 1921
 That I last saw him alive on July 7, 1921
 and that death occurred, on the date stated above, at 3:00 P.M.
 The CAUSE OF DEATH* was as follows:
Enteric Diarrhoea
 (duration) _____ yrs. _____ mos. 8 ds.
 CONTRIBUTORY Complications due to age (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) Josephine Riley, M. D. 7-7-1921 (Address) 135 E. Main St.
 *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 Grandview DATE OF BURIAL 7/10 1921
 20 UNDERTAKER, License No. Edgar ADDRESS Chillicothe

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.

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9PK4-HHV?view=index> : 8. Apr. 2025), Aufnahme 60 von 3298; Ohio Historical Society (Columbus, Ohio).
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