

MARGIN RESERVED FOR BINDING

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

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

1 PLACE OF DEATH		Registration District No. <u>1132</u>		File No. <u>26176</u>	
County <u>Ross</u>		Township _____		Primary Registration District No. <u>2430</u> Registered No. <u>99</u>	
or Village _____		No. _____		St. _____ Ward _____	
or City of <u>Chillicothe</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Elizabeth Munsch</u>		Did Deceased Serve in U. S. Navy or Army _____			
(a) Residence. No. <u>680 Eastern Ave</u>		St. <u>3rd</u> 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.	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>			
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____					
6 DATE OF BIRTH (month, day, and year) <u>Feb 24<sup>th</sup> 1871</u>					
7 AGE	Years <u>58</u>	Months <u>1</u>	Days <u>13</u>	If LESS than 1 day _____ hrs. or _____ min.	
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>At Home</u>					
(b) General nature of Industry, business, or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9 BIRTHPLACE (city or town) <u>Chillicothe</u>					
(State or country) <u>Ohio</u>					
10 NAME OF FATHER <u>Adam Schotelsch</u>					
11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u>					
(State or country) _____					
12 MAIDEN NAME OF MOTHER <u>Elizabeth Muntshimer</u>					
13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u>					
(State or country) _____					
14 Informant <u>M. Roscoe Hrosher</u>					
(Address) <u>Chillicothe, Ohio</u>					
15 Filed <u>Apr 7</u> , 1930 <u>Chas. J. Edwards</u> REGISTRAR					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
16 DATE OF DEATH (month, day and year) <u>Apr 7<sup>th</sup> 1930</u>					
17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 1</u> , 19 <u>30</u> , to <u>Apr 7</u> , 19 <u>30</u> , that I last saw her alive on <u>Apr 7</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>12:15</u> a. m.					
The CAUSE OF DEATH* was as follows: <u>Myocarditis</u>					
(duration) _____ yrs. <u>3</u> mos. _____ ds.					
CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.					
18 Where was disease contracted if not at place of death? _____					
Did an operation precede death? <u>No</u> Date of _____					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Clinical</u>					
(Signed) <u>W. A. Schell</u> , M. D.					
<u>Apr 7</u> , 19 <u>30</u> (Address) <u>932 24<sup>th</sup></u>					
*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 <u>St. Margaret's</u> DATE OF BURIAL <u>Apr 10<sup>th</sup> 1930</u>					
20 UNDERTAKER <u>M. J. Grohe</u> ADDRESS <u>Chillicothe, Ohio</u>					
20a WAS THE BODY EMBALMED? <u>Yes</u> EMBALMER'S LICENSE NO. _____					

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HT-6Q8S-TYM?view=index> : 6. Apr. 2025), Aufnahme 2573 von 3429; Ohio Historical Society (Columbus, Ohio).  
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