Form V. S. No. 11—500M-8-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

F

PLACE OF DEATH.

County of Ross

Township of Scioto Registration District No. 513 File No. 69024

or Village of ________ Primary Registration District No. 2088 Registered No. 317

or City of ________ (No. South Watt st St., ________ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME Jacob Schobeloch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR OR RACE White

DATE OF BIRTH Jan (Month) 10 (Day) 1858 (Year)

AGE 52 years, 11 months, 10 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or Foreign Country) Germany

OCCUPATION Trackman

NAME OF FATHER Adam Schobeloch

BIRTHPLACE OF FATHER (State or Foreign Country) Germany

MAIDEN NAME OF MOTHER Elizabeth Witerschemer

BIRTHPLACE OF MOTHER (State or Foreign Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Jacob Schobeloch

(Address) Chillicothe Ohio

Filed Dec 21 1910 Philip Seward Dep. Registrar.

Dr Tatman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 20 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1910 to Dec 20 1910

that I last saw him alive on Dec 19 1910

and that death occurred, on the date stated above, at 1:30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

228

(Duration) 10 Days

Contributory —

(Duration) — Days

(Signed) O. P. Tatman M. D.

Dec 21 1910 (Address) Chillicothe O.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ________ How long at Place of Death ________ Days

Where was disease contracted, if not at place of death? ________

PLACE OF BURIAL or REMOVAL St Marguritte Cemt — DATE OF BURIAL Dec 23 1910

UNDERTAKER C. J. Ware — ADDRESS Chillicothe Ohio

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

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

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPJ5-9ZNV?view=index : 30. März 2025), Aufnahme 1138 von 2658; Ohio Historical Society (Columbus, Ohio).

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