2022733_00002047

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

1 PLACE OF DEATH
County Ross Registration District No. 1138 File No. 71891
Township Primary Registration District No. 8430 Registered No. 305
or Village No. St., Ward
or City of Chillicothe, O. (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2 FULL NAME Mrs Eve M. Medert
Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 621 E. Main St. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Medert
6. DATE OF BIRTH (month, day, and year): 10-17-49
7. AGE: Years 87, Months 1, Days 9. If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ——
9. Industry or business in which work was done, as silk mill saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): ——
11. Total time (years) spent in this occupation: ?
12. BIRTHPLACE (city or town): Chillicothe, (State or country): Ohio
FATHER
13. NAME: Jacob Wetzel
14. BIRTHPLACE (city or town): Langwitheim- (State or country): Hessen-Darmstadt Germany
MOTHER
15. MAIDEN NAME: Wilhelmina Wetzel
16. BIRTHPLACE (city or town): Langwitheim-Hessen- (State or country): Darmstadt Germany
17. INFORMANT The Signature of: W. H. Medert, and (Address): Chillicothe, O.
18. BURIAL, CREMATION, OR REMOVAL Place: Greenlawn Date: Nov. 28 - 36
19. FUNERAL DIRECTOR: C. S. Ware Lic. No. (Address)
19a. Was body embalmed: Yes Embalmer's Lic. No. 3277A
20. FILED Nov 26, 1936 J. E. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 26 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1936 to Nov 26 1936
I last saw her alive on Nov. 25 1936 death is said to have occurred on the date stated above at 6:30 A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset
Coronary occlusion
94B
CONTRIBUTORY CAUSES of importance not related to principal cause:
Hypertension
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Davis O. Perrin M. D.
Date 11-26-1936. Address Chillicothe O

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PGL-S9ZY?view=index : 30. März 2025), Aufnahme 2047 von 3323; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:33S7-9PGL-S9ZY?view=index