

1 PLACE OF DEATH
County Franklin Registration District No. 397 File No. 14771
Township Primary Registration District No. 8187 Registered No. 106
or Village No. St. Ward
or City of Columbus (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. Has (or) in U. S., if of foreign birth? yrs. mos. ds.
2 FULL NAME William Bierhalter Did Deceased Serve in U. S. Navy or Army?
(a) Residence. No. 989-E-11th St. Ward (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, Widowed or Divorced <u>Married</u>
6. Is Married, Widowed, or Divorced Husband of (or) Wife of <u>Margaret Bierhalter</u>		
8. DATE OF BIRTH (month, day, and year) <u>May 21 1868</u>		
7. AGE (years)	Months	Days
<u>71</u>	<u>9</u>	<u>22</u>
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Base Ball umpire & Trainer</u>		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Penna</u>		
15. MAIDEN NAME <u>Mary (Unknown)</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Penna</u>		
17. The Signature and (Address) <u>Margaret Bierhalter</u> <u>989 E 11th Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph</u> Date <u>3-15-1941</u>		
19. FUNERAL FIRM <u>Egan, Ryan & Co</u>		
19a. BURIED BY <u>M. J. Ryan</u> Lic. No. <u>1520</u> Address <u>403 E Broad St</u>		
19b. EMPALMER <u>W. A. Love</u> Lic. No. <u>39684</u>		
20. FILED <u>3-14-1941</u> <u>J. Herbert Mumford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/13 1941

22. I HEREBY CERTIFY, That I attended deceased from 3/13 1941 to 3/13 1941
I last saw him alive on 3/13 1941, death is said to have occurred on the date stated above at 4 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

<u>Cerebral Hemorrhage</u>	Date of onset <u>3/13/41</u>
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CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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?
no
If so, specify
(Signed) W. D. Bower M. D.
Date 3/13 1941 Address 3657 Washington Ave.

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.