

PLACE OF DEATH.

Lucas

County of _____

Township of _____

Registration District No. _____

769

File No. _____

22677

Village of _____

Primary Registration District No. _____

8349

Registered No. _____

882

City of Toledo, Ohio.

(No. *2448 Fulton*)

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

Adrian Joss

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *m* COLOR OR RACE *W.*

DATE OF DEATH *April 14 1911*
(Month) (Day) (Year)

DATE OF BIRTH *April 12 1880*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *April 6 1911* to *April 14 1911*

AGE *31* years, _____ months, *2* days

that I last saw him alive on *April 14 1911*

SINGLE, MARRIED, WIDOWED, OR ALIBORN

and that death occurred, on the date stated above, at *1:45*

BIRTHPLACE (State or Foreign Country) *Wisconsin*

a.m. The CAUSE OF DEATH was as follows:

OCCUPATION *Ball Player*

Tuberculosis meningitis

NAME OF FATHER *Jacob Joss*

(Duration) _____ Days

BIRTHPLACE OF FATHER (State or Foreign Country) *Switzerland*

Contributory _____

MARITAL NAME OF MOTHER *Maria Stauffermeyer*

(Signed) *Geo L Chapman* M. D.

BIRTHPLACE OF MOTHER (State or Foreign Country) *Wisconsin*

(Address) *529 Meade*

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

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

(Informant) *Mrs Adrian Joss*

Former or Usual Residence _____ How long at _____ Days

(Address) *Toledo*

Where was disease contracted? If not at place of death? _____

Filed *4 16 1911*

PLACE OF BURIAL or REMOVAL _____ DATE OF BURIAL *April 16 1911*

Sam Smith Registrar

UNDERTAKER *Ray A Brown* ADDRESS *Toledo*