

1 PLACE OF DEATH  
County Hamilton Registration District No. 498 File No. 61299  
Township Spring Primary Registration District No. 1785 Registered No. 256  
or Village New Buflington St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of \_\_\_\_\_  
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 George Proesser Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army  
(a) Residence. No. Box 57-R.R.2 Springfield Rd Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED. Write the word  
Married  
Widowed or Divorced

5a. If Married, Widowed, or Divorced  
Husband of (or) Wife of Josephina Bruckmann

6. DATE OF BIRTH (month, day, and year) May 30, 1864

7. AGE (years) Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cinti  
(State or country) Ohio

13. NAME Conrad Proesser

14. BIRTHPLACE (city or town) Germany  
(State or country)

15. MAIDEN NAME Julia Weidman

16. BIRTHPLACE (city or town) Germany  
(State or country)

17. INFORMANT Chas. A. Miller  
and (Address) R.R. #2-Springfield Rd.

18. BURIAL, CREMATION, OR REMOVAL  
Place Spring Grove Date Oct 16 1941

19. FUNERAL FIRM Chas. A. Miller Sons

19a. BURIED BY Chas. A. Miller Lic. No. 124  
Address 4138 Hamilton

19b. EMBALMER N. W. Miller Lic. No. 3636A

20. FILED Oct 16 1941

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1937, to \_\_\_\_\_, 10-13, 1941.

I last saw him alive on 13 Oct, 1941, death is said to have occurred on the date stated above at 2:30 A.M.

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

Chronic Valvular  
and endocarditis  
Date of onset 1937

CONTRIBUTORY CAUSES of importance not related to principal cause:

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?  
no

If so, specify \_\_\_\_\_  
(Signed) H. C. Wallace M. D.  
Date 10-15-1941 Address mt Healthy