

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Ross Registration District No. 1127 File No. 8914
Township Buckskin Primary Registration District No. 0722 Registered No. 47
or Village No. _____ St. _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Albert F. Strueve

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence No. Lyndon, O.R.F.D.#1 St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX _____ 4 COLOR OR RACE _____ 5 Single, Married, Widowed or Divorced (write the word)

16 DATE OF DEATH (month, day and year) Jan, 28 1929

Male White Married

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mrs Bessie Strueve

that I last saw him alive on 1-28- 1929

6 DATE OF BIRTH (month, day, and year) June, 26, 1860

and that death occurred, on the date stated above, at 8-30 P.M.

7 AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
68 7 2

The CAUSE OF DEATH* was as follows:

Died passed as I arrived. Impossible to determine exact cause - indications were heart

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. H. Wilson M. D.

1-29-1929 (Address) Greenfield, O.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

9 BIRTHPLACE (city or town) Cincinnati, O.
(State or country) Ohio.

10 NAME OF FATHER Herman R. Strueve

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise K. Alms

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio.

14 Informant Mrs. Bessie Strueve ✓

(Address) Lyndon, O.R.F.D.#1

19 PLACE of Burial, Cremation, or Removal

Greenfield Cemetery

DATE OF BURIAL

Feb. 1, 1929

20 UNDERTAKER

J.M. Murray & CO

ADDRESS

Greenfield, O.

20a WAS THE BODY EMBALMED? Yes

EMBALMER'S LICENSE NO. 3563.A.

Filed Jan 29 1929 Blaude G. Rogers REGISTRAR