Cincinnat Enquirer - March 31, 1912

BOHN Nicholas Bohn, beloved husband of tima Bohn (nee Busse), Thursday, March 28, 1912, at 9:45 p. m., in his sixty-time year. Funeral from his late residence, 198 E. Clifton av., Monday, at 7:30 a. ht. Requiem high mass at St. Francis's Clitten at 8 a. m. Friends invited.

| Form V. S. No. 11-200M-8-1-69 | STATE OF OHIO |
|--|---|
| PLACE OF DEATH. | BUREAU OF VITAL STATISTICS |
| all | CERTIFICATE OF DEATH |
| County of Manuelon | |
| 6 | 494 |
| Township of Registration District No. | File No. |
| or | 8227 |
| Village of Primary Registration Dist | riot No. Registered No. |
| " Chu Cin at 108 | (If death occurred in a |
| City of | St. Ward) Hospital or Institution, give its NAME instead |
| (It death occurs away from USUAL RESIDENCE give facts called for under "Special Information." FULL NAME Sichol | of street and number.) |
| "Special Information." FULL NAME | oj Bom |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX MAA COLOR OR . | DATE OF DEATH |
| RACE White | march 28 1912 |
| DATE OF BIRTH | (Month) (Dav) (Year) |
| april 8 1851 | I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day) (Year) | |
| AGE | March 2 4 10/2 10 march 10/2 |
| 60 years, 11 months, 90 days. | that I last saw h car alive on may 2 1 19 /s. |
| | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | and that death occurred, on the date stated above, at |
| Marriad | M. The CAUSE OF DRATH was as follows: |
| BIRTHPLACE (State or Foreign Country) | 2 24.0 |
| Timon | Culty of Men in a |
| OCCUPATION COD | |
| - Invernale | /. N/ |
| NAME OF FATHER | |
| authory Bonn | (Duration) Dave |
| BIRTHPLACE OF FATHER O (State or Foreign Country) | 121 |
| Elerman | Contributory / MA |
| MAIDEN NAME OF MOTHER | (Daration) Dave |
| undnow. | Thomas el |
| BIRTHPLACE OF MOTHER (State or Foreign Country) | (Signed) M.D. |
| 17010 | Mrselv 2) O19 12 (Address) 666 Marin W. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIRF | SPECIAL INFORMATION only for Hospitals, Institutions, Tran- |
| 44 01 | sients, or recent residents. |
| (Informant) Wis forder | Former or How long at Usual Residence |
| (Address) of Clifton for East | |
| (Address) S Carpin No tain | Where was disease contracted, if not at place of death? |
| milk 1 1912 | PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 19 | JY M ormy 4-11 10 15 |
| awalle ? | LINDERTAKER ADDRESS |
| Registrar. | 11.44-1-Sta |
| | " VAR Y TOTAL |
| | Westwood The Cire . CO. |
| andria programma a serial metalemente de la compansión de la compansión de la compansión de la compansión de l La compansión de la compa | |