

Woehler, Margaret 1903 - 1938

| STATE OF OHIO | | DIVISION OF VITAL STATISTICS | |
|---|-------------------------------|---|--|
| CERTIFICATE OF DEATH | | | |
| 1 PLACE OF DEATH | | File No. 9511 | |
| County <u>Hamilton</u> | | Registration District No. <u>847</u> | |
| Township <u>Cincinnati</u> | | Primary Registration District No. <u>25</u> Registered No. <u>847</u> | |
| or Village <u>Cincinnati</u> | | No. <u>General Hospital</u> (1) St. <u>1</u> Ward <u>24</u> | |
| or City of <u>Cincinnati</u> | | (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 <u>34</u> yrs. <u>4</u> mos. <u>28</u> ds. | | How long in U. S., if of foreign birth? yrs. mos. ds. | |
| 2 FULL NAME <u>Margaret Woehler</u> | | Did Deceased Serve in U. S. Navy or Army | |
| (a) Residence No. <u>144 Coethe Street</u> | | St. <u>1</u> Ward <u>24</u> | |
| (Usual place of abode) | | (If nonresident give city or town and State) | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>Single</u> | 21. DATE OF DEATH (month, day, and year) <u>2/8/1938</u> |
| 5a. If Married, Widowed, or Divorced Husband of (or) Wife of | | 22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____. | |
| 6. DATE OF BIRTH (month, day, and year) <u>9/10/1903</u> | | I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above at _____. | |
| 7. AGE (years) Months Days If LESS than 1 day _____ hrs. or _____ min. <u>34</u> <u>4</u> <u>28</u> | | The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Ingestion of Poison</u> Date of onset _____ | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>polisher</u> (194) | | <u>Cyanide Poisoning</u> (163) | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>jewelry store</u> | | CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Accident</u> | |
| 10. Date deceased last worked at this occupation (month and year) | | Name of operation _____ Date of _____ | |
| 11. Total time (years) spent in this occupation | | What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u> | |
| 12. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u> (16) | | 23. If death was due to external causes (violence) fill in also the following: <u>Accident, suicide, or homicide</u> Date of injury <u>2/8/38</u> | |
| 13. NAME <u>Joseph Woehler</u> | | Where did injury occur? <u>333 Canal</u> (Specify city or town, county, and State) | |
| 14. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u> | | Specify whether injury occurred in industry, in home, or in public place. | |
| 15. MAIDEN NAME <u>Helen Busse</u> | | Manner of injury _____ | |
| 16. BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u> | | Nature of injury _____ | |
| 17. INFORMANT <u>George Woehler</u> (Address) <u>533 Slack Street</u> | | 24. Was disease or injury in any way related to occupation of deceased? _____ | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph Old</u> Date <u>2/11/1938</u> | | If so, specify _____ (Signed) _____ (Date) _____ (Address) _____ | |
| 19. FUNERAL FIRM <u>Walton's Funeral Home</u> | | 20. FILED <u>1-4-1938</u> Registrar <u>Walter T. Kelly</u> Date _____ Address _____ | |
| 19a. BURIED BY <u>W. G. ...</u> Lic. No. <u>1472</u> | | | |
| 19b. EMBALMER <u>William ...</u> Lic. No. _____ | | | |