

Klute, Ethel 1912 - 1914

Form V. S. No. 11-200M-6-12-13. STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8052
1912

PLACE OF DEATH
County of Hamilton Registration District No. 494 File No. 2610
Township of _____ or Village of _____ Primary Registration District No. 8227 Registered No. 146
City of Cynthiana (No. 2059 Symmes St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
* FULL NAME Ethel Klute

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>Wh</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>	10 DATE OF DEATH <u>Jan 6</u> , 191 <u>4</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> , 191 <u>4</u> , to <u>Jan 6</u> , 191 <u>4</u> , that I last saw h. <u>alive</u> on <u>Jan 5</u> , 191 <u>4</u> , and that death occurred, on the date stated above, at <u>1:30 P.</u>	
6 DATE OF BIRTH <u>Dec 25</u> , 191 <u>2</u> (Month) (Day) (Year)	7 AGE <u>1</u> yrs. <u>12</u> mos. <u>12</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) <u>(104)</u>	The CAUSE OF DEATH* was as follows: <u>convulsions</u>		
9 BIRTHPLACE (State or country) <u>City</u>	10 NAME OF FATHER <u>Edward Klute</u>	11 BIRTHPLACE OF FATHER (State or country) <u>City</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place <u>2</u> yrs. <u>23</u> mos. <u>23</u> ds. In the State <u>1</u> yrs. <u>12</u> mos. <u>12</u> ds. Where was disease contracted, if not at place of death? Former or usual residence <u>1321 Clay St.</u>		
12 MAIDEN NAME OF MOTHER <u>Nellie Ireland</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Indiana</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Edward Klute</u> (Address) <u>2159 Symmes</u>			19 PLACE OF BURIAL OR REMOVAL <u>North Road cem</u>
15 FILED <u>JAN 9</u> 191 <u>4</u> Registrar <u>Walter</u>			20 DATE OF BURIAL <u>Jan 9</u> , 191 <u>4</u>		
21 UNDERTAKER <u>W. Adams 757 Eden</u>			ADDRESS <u>P. O. Box 111</u>		