

*Thome, Margaret Rickerhauser 1832 - 1922*

Cincinnati Enquirer – December 10, 1922

**THOME — Margaret Thome, at her home, 1698 Blue Rock st., Saturday, December 9, aged 90 years. Funeral from late residence Tuesday, December 12, at 7:30 a. m. Requiem high mass at St. Boniface Church at 8 a. m. [Muir (Mich.) papers please copy.]**



Thome, Margaret Rickerhauser 1832 - 1922

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<b>1 PLACE OF DEATH</b> County <u>Hamilton</u> Registration District No. <u>3007</u> File No. <u>64965</u> Township <u>Concinnati</u> Primary Registration District No. <u>Thome</u> Registered No. <u>64965</u> or Village <u>Concinnati</u> No. <u>Thome</u> St., <u>23</u> Ward <u>22</u> or City of <u>Concinnati</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)		<b>STATE OF OHIO</b> <b>DEPARTMENT OF HEALTH</b> <b>DIVISION OF VITAL STATISTICS</b> <b>CERTIFICATE OF DEATH</b>	
<b>2 FULL NAME</b> <u>Margaret Thome</u> (a) Residence. No. <u>1693 Blue Rock St.</u> St., <u>23</u> Ward <u>22</u> (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.		<b>16 DATE OF DEATH</b> (month, day and year) <u>Dec 9</u> 19 <u>22</u> <b>17</b> I HEREBY CERTIFY, That I attended deceased from <u>Dec 2</u> , 19 <u>22</u> to <u>Dec 9</u> , 19 <u>22</u> that I last saw h <u>e</u> alive on <u>Dec 9</u> , 19 <u>22</u> and that death occurred, on the date stated above, at <u>Thome</u> . The CAUSE OF DEATH* was as follows: <u>Myocarditis</u> (duration) ..... yrs. .... mos. .... ds.	
<b>3 SEX</b> <u>Female</u> <b>4 COLOR OR RACE</b> <u>White</u> <b>5 Single, Married, Widowed, or Divorced</b> (write the word) <u>Widow</u>		<b>CONTRIBUTORY (SECONDARY)</b> ..... (duration) ..... yrs. .... mos. .... ds.	
<b>6a</b> If married, widowed or divorced HUSBAND of (or) WIFE of <u>Frank Thome</u>		<b>18</b> Where was disease contracted if not at place of death? ..... Did an operation precede death? ..... Date of ..... Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>Lat. Sclerob</u> M. D. (Signed) <u>Dec 9</u> , 19 <u>22</u> (Address) <u>1641 Blue Rock</u>	
<b>6 DATE OF BIRTH</b> (month, day, and year) <u>Sept 25th 1832</u> <b>7 AGE</b> Years <u>90</u> Months <u>2</u> Days <u>14</u> If LESS than 1 day..... hrs. or..... min.		*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.)	
<b>8 OCCUPATION OF DECEASED</b> (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		<b>19 PLACE OF BURIAL, CREMATION, OR</b> <u>St. John's County</u> <b>DATE OF BURIAL</b> <u>Dec 12</u> 19 <u>22</u>	
<b>9 BIRTHPLACE</b> (city or town) <u>Germany</u> (State or country)		<b>20 UNDERTAKER, License No.</b> <u>Ed Miller</u> <b>ADDRESS</b> <u>City</u>	
<b>10 NAME OF FATHER</b> <u>(German) Rickerhauser</u>		<b>14 Informant</b> <u>John Thome</u> (Address) <u>1693 Blue Rock</u>	
<b>11 BIRTHPLACE OF FATHER</b> (city or town) <u>Germany</u> (State or country)		<b>15</b> <u>DEC 11 1922</u> <u>Caroline Evans</u> REGISTRAR	
<b>12 MAIDEN NAME OF MOTHER</b> <u>Rickerhauser</u>			
<b>13 BIRTHPLACE OF MOTHER</b> (city or town) <u>Germany</u> (State or country)			