

043009

JUL 26 1915

I HEREBY CERTIFY THAT THIS CERTIFICATE IS AN EXACT COPY OF THE ORIGINAL CERTIFICATE WHICH IS REGISTERED AND PRESERVED IN THE DIVISION OF VITAL STATISTICS OF THE OHIO DEPARTMENT OF HEALTH, WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

*John B. Ackerman, MD*  
DIRECTOR OF HEALTH

Form V. S. No. 11-150M-8-4-15

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Lucas

Township of \_\_\_\_\_ Registration District No. 769 File No. 61325

Village of \_\_\_\_\_ Primary Registration District No. 8349 Registered No. 2785

City of Toledo (No. #1 Englewood Court St.) Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

<sup>2</sup> FULL NAME Amey Blaine Schoefer

PERSONAL AND STATISTICAL PARTICULARS

<sup>3</sup> SEX Female <sup>4</sup> COLOR OR RACE White <sup>5</sup> SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

<sup>6</sup> DATE OF BIRTH Nov 46, 1881  
(Month) (Day) (Year)

<sup>7</sup> AGE 33 yrs. 11 mos. 19 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

<sup>8</sup> OCCUPATION (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer)

<sup>9</sup> BIRTHPLACE (State or country) Maryland

<sup>10</sup> NAME OF FATHER Augustus Blaine

<sup>11</sup> BIRTHPLACE OF FATHER (State or country) N.Y.

<sup>12</sup> MAIDEN NAME OF MOTHER Elizabeth Grove

<sup>13</sup> BIRTHPLACE OF MOTHER (State or country) Maryland

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred W. Schoefer  
(Address) #1 Englewood Court

<sup>15</sup> Filed 11-16-15 5 unattested  
Registrar

MEDICAL CERTIFICATE OF DEATH

<sup>16</sup> DATE OF DEATH Nov 15, 1915  
(Month) (Day) (Year)

<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1915, to as before, 1915, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1915 and that death occurred, on the date stated above, at 3 p. The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas J. Hengler, M. D. Nov. 16, 1915 Address Toledo Ohio

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted, If not at place of death? Former or usual residence \_\_\_\_\_

<sup>19</sup> PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL 11-17-1915

<sup>20</sup> UNDERTAKER W. H. Boyer ADDRESS Toledo