

**DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH *Franklin* Registration District No. *392* File No. *56817*
 County.....
 Township..... Primary Registration District No. *8187* Registered No. *3526*
 or Village..... No..... St..... Ward.....
 or City of *Columbus* (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME *Gustavus H. Schmely* Did Deceased Serve in U. S. Navy or Army.....
 (a) Residence. No. *1000 Delaware Ave* Ward.....
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 Single, Married, Widowed or Divorced (write the word) *Widowed*
 6a If married, widowed or divorced HUSBAND of (or) WIFE of *Gertrude Schmely*
 6 DATE OF BIRTH (month, day, and year) *Sept 26, 1850*
 7 AGE Years *75* Months *17* Days *17* If LESS than 1 day...hrs. or...min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. *Retired*
 (b) General nature of industry, business, or establishment in which employed (or employer). *Merchant*
 (c) Name of employer

9 BIRTHPLACE (city or town) *Columbus*
 (State or country) *Ohio*

10 NAME OF FATHER *Philip Schmely*

11 BIRTHPLACE OF FATHER (city or town) *Germany*
 (State or country)

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (city or town) *Germany*
 (State or country)

14 Informant *X Harry W. Schmely*
 (Address) *1000 Delaware Ave*

15 Filed *10/16/1925* *J W Keegan* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) *Oct 13 1925*

17 I HEREBY CERTIFY, That I attended deceased from *Oct 11*, 1925, to *Oct 13*, 1925, that I last saw him alive on *Oct 13*, 1925, and that death occurred, on the date stated above, at *8 P.M.*

The CAUSE OF DEATH* was as follows:

Artic's stenosis with Bright's disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *acute dilation of heart* (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *J. W. Keegan* M. D.
10-13-1925 (Address) *213 5th Ave*

*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Green Lawn* DATE OF BURIAL *Oct 15 1925*

20 UNDERTAKER, License No. *2977A* ADDRESS *The H.A. Pletcher Co Columbus*
O. A. Heck

OCCUPATION is very important. See instructions on back of certificate.