

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

71617

1 PLACE OF DEATH

County Ballia
Township.....
or Village.....
or City of Ballipolis

Registration District No. 426 File No.
Primary Registration District No. 8199 Registered No. 306
No. Ohio Hosp. for Epileptics St., Ward
(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. yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME

Albert C. Schulz

Did Deceased Serve in U. S. Navy or Army yes

(a) Residence. No. Colo, Ohio St., Ward. Lucas County
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Martha Schulz (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/12/1884

7. AGE Years 47 Months 7 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Ball Player
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) 3/7 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER 13. NAME George Schulz

14. BIRTHPLACE (city or town) (State or country) Dennmark

15. MAIDEN NAME Sarah Frame

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT A.H.E. Records and (Address) Ballipolis, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Toledo Ohio Date 12/17 1931

19. UNDERTAKER John J. Entenring (Address) Ballipolis, Ohio

19a. Was body embalmed yes Embalmer's No. 768 a

20. FILED 12/15, 1931 H. L. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14 - 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25 - 1931, to Dec. 14 - 1931, last saw him alive on Dec. 13 - 1931, death is said to have occurred on the date stated above at 6:30 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset

Cerebral Hemorrhage 12/7/31
820

CONTRIBUTORY CAUSES of importance not related to principal cause:

Epileptic Seizures 12/7/31

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John G. Schwarz M. D.

Date 12/14 1931 Address A.H.E. Ballipolis, Ohio