

STATE OF OHIO
BUREAU OF VITAL STATISTICS
48 CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Hamilton Registration District No. 827 File No. 31757
Township Amman Primary Registration District No. 1 Registered No. 1823
or Village Amman No. 1 St. 1 Ward 1
or City of Amman (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Henry B. Kobus Kobus
(a) Residence No. 1415 Edgemoor Hill Ward 1
(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) Single
6 If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH (month, day, and year) Nov 14 / 1866
7 AGE Years 55 Months 6 Days _____ If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer) 440
(c) Name of employer _____

9 BIRTHPLACE (city or town) Germany
(State or country) _____
10 NAME OF FATHER Henry B. Kobus
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country) _____
12 MAIDEN NAME OF MOTHER Esther Thomas
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country) _____

14 Informant Mrs Geo. H. H. H. H.
(Address) 1415 Edgemoor Hill
15 APR 13 1921 Walter Cowen
Filed _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April - 11 1921
17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Coroner viewed remains;
No inquest necessary.
Probably: Cerebral Hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY High blood pressure
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted _____
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) W. C. Handley Coroner M. D.
4-12-1921 (Address) per. F. H. G.
* 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 Cemetery DATE OF BURIAL April 14 1921
20 UNDERTAKER, license No. W. C. Handley ADDRESS 1706 Madison

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.