022514

NOV. - 4 1981

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.

Robert B. Ackerman, M.D.
DIRECTOR OF HEALTH

Form-V. S. No. 11—462M-9-3-08.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Crawford

Township of Liberty — Registration District No. 116 — File No. 44783

or

Village of ..... — Primary Registration District No. 3252 — Registered No. 93

or

City of ..... (No. ..... St., ... Ward) (If death occured in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Philip Heckert

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR OR RACE White

DATE OF BIRTH Dec (Month) 15 (Day) 1836 (Year)

AGE 72 years, 9 months, 1 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or Foreign Country) Westmoreland Pa.

OCCUPATION Farmer

NAME OF FATHER Jonas Heckert

BIRTHPLACE OF FATHER (State or Foreign Country) Penn

MAIDEN NAME OF MOTHER Mary Elizabeth Harmon

BIRTHPLACE OF MOTHER (State or Foreign Country) Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph B Heckert

(Address) Bucyrus O. RD 3.

Filed Sept 17 1909 Rob Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 16 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h ..... alive on ..... 19.....

and that death occurred, on the date stated above, at .....

M. The CAUSE OF DEATH was as follows:

Heart Disease and Senility

(Duration) ..... Days

Contributory .....

(Duration) ..... Days

(Signed) Rob Griffith Coroner C.H.D.

Sept 17 1909 (Address) Bucyrus O

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL or REMOVAL Oakwood Cemetery — DATE OF BURIAL Sept 18 1909

UNDERTAKER Wm Hill & Sons — ADDRESS Bucyrus O.