

PLACE OF DEATH.

County of FranklinTownship of _____ Registration District No. 184 File No. 1876or
Village of _____ Primary Registration District No. 5975 Registered No. 27City of Cole (No. Rear 496 Kosuth, 2, Word) (If death occurred in a hospital or institution, give the name thereof and number.)(If death occurs away from usual residence give facts called for under "Special Information.")FULL NAME George Leslein

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE whiteDATE OF BIRTH March 31 876
(Month) (Day) (Year)AGE 33 years, _____ months, _____ days.SINGLE, MARRIED, WIDOWED, OR DIVORCED marriedBIRTHPLACE (State or Foreign Country) Columbus OOCCUPATION LaborerNAME OF FATHER Peter LesleinBIRTHPLACE OF FATHER (State or Foreign Country) GermanyMAIDEN NAME OF MOTHER Worthea BallewBIRTHPLACE OF MOTHER (State or Foreign Country) Ohio

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

(Informant) Catherine E. Leslein(Address) Rear 496 KosuthFiled 17 1910J. Davis
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 6 1910
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Jan 1 1910 to Jan 6 1910
that I last saw him live on 1-6-1910

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

at _____ M. The CAUSE OF DEATH was as follows:

Subsidiary
Tuberculosis

(Duration) _____ Days

Contributory _____

(Duration) _____ Days

(Signed) Joe B. ... M. D.
1010 (Address) 92 ...

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

Former or Usual Residence _____ How long at _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL or REMOVAL Greenlawn Cms DATE OF BURIAL 1-8-1910UNDERTAKER Geo. ... ADDRESS _____