

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Putnam  
Township of .....  
or  
Village of .....  
or  
City of .....

Registration District No. 1093. File No. 6625  
Primary Registration District No. 3179. Registered No. 11  
(No. .... St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Adam Leis.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married.</u> (Write the word)
DATE OF BIRTH <u>August 28</u> , 18 <u>86</u> (Day) (Month) (Year)		
AGE <u>81</u> yrs. <u>4</u> mos. <u>4</u> ds. If LESS than 1 day, hrs. or min.		
OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer.</u> (b) General nature of industry, business, or establishment in which employed (or employer).		

BIRTHPLACE (State or country)  
Schneidmiller Germany

10 NAME OF FATHER <u>Joseph Leis.</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Don't no.</u>
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (State or country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Leis  
(Address) Ottoville Ohio

Filed Feb 5, 1916, Frank Kramer Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
1-4, 1916  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4<sup>th</sup>, 1916, to Jan 4<sup>th</sup>, 1916, that I last saw him alive on Jan 4<sup>th</sup>, 1916, and that death occurred, on the date stated above, at 11:30 a.m.  
The CAUSE OF DEATH\* was as follows:

Cardiac Asthenia

Contributory (SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) J. F. Oberly M. D.  
1-6, 1916. (Address) Ottoville O.

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted?  
If not at place of death?  
Former or usual residence.

PLACE OF BURIAL OR REMOVAL  
Ottoville O.  
DATE OF BURIAL  
Jan 7, 1916  
ADDRESS

UNDERTAKER  
Thos. Draucker Ottoville O.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it can be properly classified. The "Special Information" for persons dying away from home should be given in every instance.