

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>Form No. 1 (Rev. 11-2-1938)</p> <p>STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH</p>			
<p>PLACE OF DEATH</p> <p>County of <i>Cuyahoga</i></p> <p>Township of _____ or Village of _____ or City of <i>Cleveland</i> (No. <i>3701 Chatham</i>)</p>		<p>Registration District No. <i>8118</i></p> <p>File No. <i>74453</i></p> <p>Registered No. <i>10261</i></p>	<p>Word</p>
<p>FULL NAME <i>Frederick W. Tonsing</i></p>			
<p>SEX <i>Male</i></p> <p>DATE OF BIRTH <i>Apr 19 1841</i></p> <p>AGE <i>77</i> yrs <i>6</i> mo <i>14</i> da</p>	<p>COLOR OR RACE <i>White</i></p> <p>MARRIAGE CONDITION <i>Widowed</i></p> <p>OCCUPATION <i>Retired</i></p>	<p>DATE OF DEATH <i>Nov 2 1918</i></p> <p>I HEREBY CERTIFY, That I attended deceased from <i>1914</i> to <i>Nov 2 1918</i> and that I last saw <i>him</i> alive on <i>Nov 1 1918</i> and that death occurred, on the date stated above, <i>1918</i>.</p> <p>CAUSE OF DEATH <i>Chronic Insufficiency</i></p>	<p>CONFIDENTIAL</p> <p>Physician <i>Arthur Keenan</i></p> <p>Attending Physician <i>A. G. Schupp</i></p> <p>Place of Residence (For Hospital, Sanatorium, Dispensary, or Other Institution) <i>3024 N. 17th St.</i></p> <p>Where was disease contracted? <i>At home</i></p>
<p>IDENTIFICATION</p> <p>Place of Birth <i>Hannover, Germany</i></p> <p>Parents</p> <p>Name of Father <i>Ernst Tonsing</i></p> <p>Place of Birth of Father <i>Germany</i></p> <p>Maiden Name of Mother <i>Mania Reuter</i></p> <p>Place of Birth of Mother <i>Germany</i></p>	<p>THIS DEATH IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>Signature <i>Edwin F. Krausmeyer</i></p> <p>(Address) <i>2024 N. 17th St.</i></p> <p>Filed <i>NOV 4 1918</i></p> <p>Registrar <i>O. O. Kimball</i></p>	<p>PLACE OF BURIAL OR REMOVAL</p> <p>Church or Institution <i>Lutheran</i></p> <p>Address <i>F. J. Fisher 3916 Lorain Ave. 7-650 B</i></p> <p>DATE OF BURIAL <i>Nov 5 1918</i></p>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so clear, if they be, as to be classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.