



STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS I PLACE OF DEATH County Cuyahoga CERTIFICATE OF DEATH Township Registration District No . File No. 5605 Primary Registration District No . Registered No . or Village or City of Curland Maid Length of residence in elty or to the death occurs 7 mest or ten in U. S. offrir mox d. 2 FULL NAME John B. Wigman Did deceased serve in U. S. Navy or Army ( a ) Residence No. 2020 E Stst Ward . --- ( Usual place of abode ) == = If nonresident give city or town and State ) --- PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR SINGLE , MARRIED . Write the word Male White Divorced . DATE OF DEATH ( month , day and year ) 15 . 22 . 5a . If Married , Widowed , or Divorced 1 I HEREBY CERTIFY , That I attended deceased from WAL 1938 , to 1938 Husband of wife of Lena Rose Wigan last saw alive on 123 , death is said . DATE OF BIRTH ( month , day , and 1862 to have occurred on the date stated above at 10 a.m. 7 . AGE Years Months Days If LESS than 1 day The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows : 10 % date of last 76 B. Trade profession , or particular kind of work done , as spinner a bookkeeper , tired Street 9 . Industry or business in which work was done , as raw mill , bank , R R Worker 10 . Date deceased at worked at 11 . Total time ( years ) the spent in the year --- 12 . BIRTHPLACE ( city or town ) Germany State or county Europe --- % NAME John Adam Weyman % BIRTHPLACE ( city or No ) Germany ( State or county ) Europe % 8 . MAIDEN Elizabeth Hall City % 10 . BIRTHPLACE ( city or town ) Germany of 17 . INFORMANT Will 18 . BURIAL , CREMATION , OR REMOVAL Maning ental July 17 18 19 . FUNERAL FIR 192 . BURIED BY GLEN 90 Address to 195 EMBALMER 2 FL William Hypertensine Heart Disease consin UTORY CAUSES of importance not related to principal cause : Fiveture left Humerus --- --- Date of Name of operation . What test confirmed diagnosis . Was there an autopsy ? 23 . If death was due to external causes ( violence ) all in also the following : Accident , suicide , or homicide ? Date of injury Where did injury occur ? ( Specily city or town , county , and State ) Specily whether injury occurred in industry , in home , or in public place . Manner of injury all as some Nature of injury & cature Left Humbers 24 , Was disease or injury in any way related to occupation of deceased ? . If so , specify ( Signed ) & L. Redwith MD . Date 7 / 15 1938 Address Banan Hospital

Quellenangabe:

"Clark, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKP-Q89W?view=index> : 25. Dez. 2024), Aufnahme 765 von 3232; Ohio Historical Society (Columbus, Ohio).

<https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKP-Q89W?view=index>