STATE OF OHIO DEPARTMENT OF HEAD DIVISION OF VITAL STA ISTICS DIVISION OF DEATH (\$(),1(),1)	
1 1 Divide on //	CATE OF DESTINATION
County County Registration District No. 15605	
Township Primary Registration District No. Registered No.	
or Village No. Howard that Kit St., Ward (If death occurred in a hospital or institution, since its NAME instead of street and number)	
or City of Cliffic Child	
though at seridance in all the store death occurred 17 Try mos. de. How long in U. S., if of fureign birth? Quyre mos. ds.	
2 FULL NAME LAND WE U. S. Navy or Army.	
(a) Residence No. 30 70 E 93 ST. St., Ward. (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR 5. SINGLE, MARRIED. Write the word	21. DATE OF DEATH (month, day, and year) 7/15- , 1938
male white Divorced (1) days fol	22. I HEREBY CERTIFY, That I attended deceased from
Sa. If Married, Widowed, or Divorced	7/1/ 193 & to 7/15 , 193 &,
(or) Wife of tena Rose Wigman	I last saw h/ 20 alive on
6. DATE OF BIRTH (month, day, and 7-1867	to have occurred on the date stated above at 2:30 Ff m.
7. AGE (years) Months Days If LESS than 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
8. Trade profession, or particular thind of work done, as spinnen the trade of the sawyer, bookkeeper, etc.	Sypertensine Heart Disease
kind of work done, as spinnen (trace) breed awyer, bookkepers, etc. 9. Industry or business in which work was done, as silk mill R Works. 10. Date deceased last worked at 11. Total time (years) this occupation (mouth and spent in this accuration)	
10. Date deceased last worked at 11. Total time (years)	
O year) 9.36 occupation occupation	CONTRIBUTORY CAUSES of importance not related
12. BIRTHPLACE (city or town)	l pincipal costs
(State or country)	Lucture left Humerus
13. NAME John adam Wegman	-
TO DIRTUPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN HOME GALOTT. Flinds billy	1) lowing:
5 16. DIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
The Signature of	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT	Specify whether injury occurred in industry, in home, or in public place.
18. BLIGIAL, CENTENTION OR BEMOVAL	Manner of Fall cut fame
PMantica Centra 100 July 17 1938	Nature of Injury of cac the left Heinlyns
19. FUNERAL FIRM	24. Was disease or injury in any way related to occupation of deceased?
19a. BURIED IIY CE COLOR Lie. N/903	
19b. EMBALMER E LIC. 300424	Il so, specify
20 FILEDI CO 101 TO STEEL CONT	Date 7/10 193 & Address Warnans Worke tal
BESS Registrar.	1) DREET, LANDESS, A. AUGUST.

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STATE OF OHIO DEPARTMENT OF HEAL 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