

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22940

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. _____
Township _____ Primary Registration District No. 8187 Registered No. 1738
or Village _____ No. Ohio Pen St. _____ Ward _____
or City of Columbus (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Clarene Sawmiller Did Deceased Serve in _____
U. S. Navy or Army
(a) Residence. No. _____ St. _____ Ward. Cols - O.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan 23 1895

7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 7/8/21 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Allen County, Ohio

MOTHER FATHER 13. NAME William Sawmiller

14. BIRTHPLACE (city or town) (State or country) Allen Co., Ohio

15. MAIDEN NAME Ella Mary Hopper

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT The Signature of Ohio Pen Records and (Address) Cols O.

18. BURIAL, CREMATION, OR REMOVAL Place Lincoln Date 4-25-20

19. UNDERTAKER The Schoedinger Co (Address) Cols O.

19a. Was body embalmed yes Embalmer's No. 2492A

20. FILED 4/24 1920 JW Keegan Registrar.

Clarene Sawmiller - Cols Ohio

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1920

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Conflagration
OP.

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave