


 FAMILYSEARCH

Collection: Ohio Deaths 1908-1953

1953131\_0000129

Form V. S. No. 11-509M-2-1-00

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County of Cuyahoga  
Township of Seward Registration District No. 8110 File No. 52413  
or  
Village of \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 6797  
or  
City of Cleveland (No. 2932 E. 34th St. S.E. St. 13 Ward) (If death occurred in a Hospital or institution, give the NAME (instead of street and number).)

(If death occurs away from USUAL RESIDENCE give faris called for under "Special Information.") FULL NAME Samuel Sedgwick

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	DATE OF DEATH <u>October 10 1911</u> (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from <u>September 5<sup>th</sup> 1911</u> to <u>October 10<sup>th</sup> 1911</u>		
DATE OF BIRTH <u>March 26 1840</u> (Month) (Day) (Year)	AGE <u>71 years, 6 months, 14 days.</u>	that I last saw him alive on <u>Oct 10<sup>th</sup> 1911</u>	and that death occurred, on the date stated above, at <u>12<sup>20</sup></u>		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	BIRTHPLACE (State or Foreign Country) <u>United States</u>	P. M. THE CAUSE OF DEATH was as follows:			
OCCUPATION <u>Tourman</u>	NAME OF FATHER <u>Samuel Sedgwick</u>	<u>Chronic Nephritis</u> <u>about 2 months</u> (Duration) (Days)			
BIRTHPLACE OF FATHER (State or Foreign Country) <u>United States</u>	MAIDEN NAME OF MOTHER <u>Sarah Barber</u>	Contributory <u>Cystitis and Nephritis</u> <u>trough of Prostate</u> (Duration) (Days)			
BIRTHPLACE OF MOTHER (State or Foreign Country) <u>United States</u>	THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	(Signed) <u>A. T. Parr</u> M. D. <u>Oct 11<sup>th</sup> 1911</u> (Address) <u>2648 E. 55<sup>th</sup> St.</u>			
(Informant) <u>Jesse Sedgwick</u> (Address) <u>2932 E. 34th St. S.E.</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence _____ How long at _____ Days _____ Where was disease contracted, if not at place of death? _____	PLACE OF BURIAL or REMOVAL <u>Woodland Cem</u> DATE OF BURIAL <u>10/14 1911</u>			
File <u>OCT 13 1911</u>	UNDERTAKER <u>S. W. Mathen</u> ADDRESS <u>3227 W. 25<sup>th</sup> St.</u>	Registrar <u>A. T. Parr</u>			

B. 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 may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.