

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

1 PLACE OF DEATH
County Portage Registration District No. 1058 File No. 5535
Township..... Primary Registration District No. 8415 Registered No. 75
or Village..... No..... St.,..... Ward
or City of Kent (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 9 yrs. 9 mos. ds. How long in U. S., if of foreign birth?..... yrs. mos. ds.
2 FULL NAME Willard Newton Sawyer Did Deceased Serve in
(a) Residence. No 548 East Summit Street St.,..... Ward..... U. S. Navy or Army.....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Jeanette Ketchum Sawyer</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>July 29, 1863</u>		
7. AGE	Years <u>73</u>	Months <u>5</u>
	Days <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanical engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>steel manufacturing</u>	
	10. Date deceased last worked at this occupation (month and year) <u>5/19/17</u>	11. Total time (years) spent in this occupation <u>34</u>
12. BIRTHPLACE (city or town) <u>Brimfield</u> (State or country) <u>Ohio</u>		
13. NAME <u>Charles Frederick Sawyer</u>		
14. BIRTHPLACE (city or town) <u>Brimfield, O.</u> (State or country)		
15. MAIDEN NAME <u>May Thomas Sawyer</u>		
16. BIRTHPLACE (city or town) <u>Brimfield</u> (State or country)		
17. INFORMANT <u>Heley Sawyer James</u> and (Address) <u>548 East Summit St. Kent Ohio</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Standing Rock Cm.</u> Date <u>Jan. 7 1936</u>		
19. UNDERTAKER <u>Mr. Carlin</u> (Address) <u>233 South Water St. Kent Ohio</u>		
19a. Was body embalmed <u>yes</u> Embalmer's No. <u>1254</u>		
20. FILED <u>15</u> 19 <u>36</u> <u>A. H. Hurd</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936 to Jan 4, 1936
I last saw him alive on Jan 5, 1936 death is said to have occurred on the date stated above at 8 P. M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
chronic myocarditis
myocardial infarction
CONTRIBUTORY CAUSES of importance not related to principal cause:
None

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) J. H. Hurd M. D.
Date 15 1936 Address Brimfield Ohio

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.