

Amelia
May
Protsman
1892 - 1953



ELIA MAE PROTSMAN
ROBERTS



lky 1930's

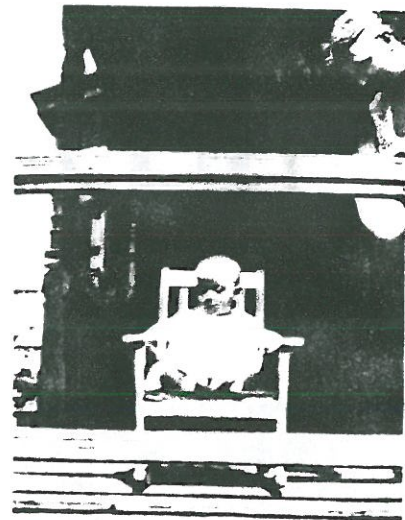
620 REYNOLDS AVE. COL. OHIO



MAE ROBERTS 1941-1942

S.E. CORNER OF TOWN AND
FIFTH STS. COLUMBUS, OHIO

SUMMER 1931



HOMER AND GRANDMA
MAE ROBERTS

HUSBAND 1 CLARENCE GUY ROBERTS

BORN 5 Apr 1889 PLACE MT. VERNON, KNOX COUNTY, OHIO USA
CHR PLACE
MARR 2 Dec 1909* PLACE LIMA ?, ALLEN COUNTY, OHIO USA
DIED PLACE
BUR PLACE

FATHER: JOHN R ROBERTS MOTHER: NANCY BENNETT
OTHER WIVES 0:

HUSB: CLARENCE GUY ROBERTS 1889
WIFE: AMELIA MAE PROTSMAN 1991

PREPARED 8/12/90 BY:
GARY LYNN GUISSINGER
1234 LODGE POLE DR. DORY LAKES
GOLDEN, COLORADO 80403
(303)582-3277 Record No. 87

Relationship:
Husb / Wife

WIFE: 1 AMELIA MAE PROTSMAN

1892

BORN 11 Jun 1891* PLACE MERCER, MERCER COUNTY, OHIO USA
CHR PLACE
DIED 28 AUG. 1933 PLACE
BUR 30-AUG. 1933 PLACE FLETCHER CEM. LIMA, ALLEN COUNTY, OHIO USA

FATHER: ELIAS PROTSMAN MOTHER: MARGARET JOHNSON
OTHER HUSB 0:

GRAND Mother

Additional :

Comments :

Sex	CHILDREN	WHEN BORN	B)ORN/ C)HR	Town	MARR DATE	WHEN DIED	WHERE	Town	Record
		WHEN CHR 'N	WHERE	County; State	1st married to whom	DIED	County, State	Number	
M	1 KENNETH MELVIN ROBERTS	18 May 1911*	B) SPENCERVILLE	ALLEN COUNTY, OHIO USA	LEA WOLF	Nov 1987			112
F	2 BERTHA LAVON ROBERTS	23 Oct 1912*	B) SPENCERVILLE	ALLEN COUNTY, OHIO USA	HOMER HUMPHERY	Oct 1981	COLUMBUS	FRANKLIN COUNTY, USA	114
M	3 RAYMOND DARRIEL ROBERTS	29 Jan 1915* 29	B) SPENCERVILLE	ALLEN COUNTY, OHIO USA		9 Mar 1915*	SPENCERVILLE	ALLEN COUNTY, OHIO USA	116 (No MARKER)
F	4 MARY ISABELLE ROBERTS	4 Jan 1916*	B) AT HOME SPENCERVILLE	ALLEN, OHIO USA	JOHN ALEXANDER GUISSINGER	17 Feb 1934*			22
5									
6									
7									
8									
9									
10									

DATE CLARIFICATION CODES

BLANK date probably correct * Confirmed (Have documentation)

MARRIAGE RECORD

In the matter of

Color White

Probate Court, Allen County, Ohio

Clarence G. Roberts and Amelia May Probstman

No. 5490 MARRIAGE LICENSE APPLICATION.

To the Honorable Judge of the Probate Court of said County:

The undersigned respectfully makes application for a Marriage License for said parties, and upon oath states:

that said Clarence G. Roberts

is 20 years of age on the 5th day of April 1909

his residence is Spencerly Ohio

his place of birth is East Union O.

his occupation is Farmer

his father's name is John D. Roberts

his mother's maiden name was Nancy Bennett

that he was not previously married single

and that he has no wife living.

That said Amelia May Probstman

is 18 years of age on the 1st day of June 1909

her residence is Allen County Allen County, O.

her place of birth is Wesley County O.

her occupation is None

her father's name is Edw. M. Probstman

her mother's maiden name was Margaret Johnson

that she was not previously married single

and is a widow or divorced woman, her married name being

that she has no husband living.

That neither of said parties is an habitual drunkard, epileptic, imbecile or insane, and is not under the influence of any intoxicating liquor or narcotic drug.

Said parties are not nearer of kin than second cousins, and there is no legal impediment to their marriage.

It is expected that both know is to solemnize the marriage of said parties

Sworn to before me and signed in my presence, } Amelia May Probstman

this 2nd day of December 1909 } John D. Roberts father of Clarence

By Maryne Duggan Probate Judge. Consent of John D. Roberts father of Clarence

ENTRY Marriage License was this day granted to Clarence G. Roberts and Amelia May Probstman By Maryne Duggan Deputy Clerk.

MARRIAGE CERTIFICATE. No. 5490 Probate Court, Allen County, Ohio, December 2nd 1909

I do hereby Certify, That on the 2nd day of December A. D. 1909, I solemnized the Marriage of Mr. Clarence G. Roberts with Miss Amelia May Probstman

Filed and Recorded Dec. 6th 1909 Committee of Court.

This is to certify that this is an exact copy taken from the records on file in the Division of Vital Statistics, Allen County Health Department, Lima, Ohio.

Issued 3. 29. 90

Margaret Wohlgamuth
Margaret Wohlgamuth, Registrar
Vital Statistics, District #2

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS Vol. #342
CERTIFICATE OF DEATH State File No. _____
Reg. #572

Reg. Dist. No. 0201
Primary Reg. Dist. No. _____

1. PLACE OF DEATH a. COUNTY <u>Allen</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Allen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Lima</u>		c. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Lima</u>	
c. LENGTH OF STAY (In this place)		d. STREET (If rural, give location) ADDRESS <u>936 Boyer St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lima Memorial Hospital</u>			

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Mrs. Amelia</u> b. (Middle) <u>Mae</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 11, 1892</u>	9. AGE (In years last birthday) <u>61</u>	Under 1 Year Months <u>2</u> Days <u>17</u>	If Under 24 Hrs. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life; also state if retired) <u>Ret. Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>MERCER Paulding Co., O</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>ELIAS Protsman</u>	14. MOTHER'S MAIDEN NAME <u>(Unknown) MARGARET JOHNSON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE <u>Mrs. John Guisinger</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Work or Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1953, to 8-28, 1953, and that death occurred at 4:10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. E. Jones M.D.</u>	23b. ADDRESS <u>Lima, Ohio</u>	23c. DATE SIGNED <u>8-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fletcher</u>	24d. LOCATION (City, town, or county) (State) <u>Allen Co., O</u>
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Sub-Registrar's Signature <u>Howard R. Laman</u>	NAME OF EMBALMER (LIC. NO.) <u>Howard R. Laman 5294-A</u>
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DATE REC'D BY LOCAL REG. <u>8-28-1953</u>	REGISTRAR'S SIGNATURE <u>Grace D. Long</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Registrar T. R. Chiles 438</u>
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MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK