

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

52308
1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22824
Township _____ Primary Registration District No. 8187 Registered No. 1622
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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 James J. Webster Did Deceased Serve in
(a) Residence. No. Darke Co., O U. S. Navy or Army _____
St. _____ Ward. Darke Co. - Ohio
(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 (Use the word) Married

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

6. DATE OF BIRTH (month, day, and year) Dec 30-1893
Unknown

7. AGE	Years <u>36</u>	Months <u>3</u>	Days <u>21</u>	If LESS than 1 day _____ hrs. _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
Unknown

10. Date deceased last worked at this occupation (month and year) _____
M. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) East Tennessee

13. NAME Robert Webster

14. BIRTHPLACE (city or town) (State or country) in Tenn

15. MAIDEN NAME Sarah Billings

16. BIRTHPLACE (city or town) (State or country) in Tenn

17. SIGNATURE OF INFORMANT and (Address) D. P. Richards
Colo - O.

18. BURIAL, CREMATION, OR REMOVAL Place Dayton O. Date Apr 23 1930

19. UNDERTAKER (Address) J. S. Jackson & Son
Dayton Ohio

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

20. FILED 4-23 1930 J. W. Reagan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19____

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

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at 6 P.M.

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

<u>Conflagration</u>	Date of onset _____
<u>Ohio penitentiary</u>	_____

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 Av