

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23055

1 PLACE OF DEATH  
County Franklin Registration District No. 392 File No. 23055  
Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1855  
or Village \_\_\_\_\_ No. Ohio Pen 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 \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2 FULL NAME Joseph Sibert Did Deceased Serve in \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Coshocton 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 Lucy Sibert  
6. DATE OF BIRTH (month, day, and year) unknown  
7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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OCCUPATION  
8. Trade, profession, or particular kind of work done, as *spinner, Sawyer, bookkeeper, etc.* none  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) near Canton O.

MOTHER FATHER  
13. NAME Jess Sibert

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Jane Snider

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

17. INFORMANT The Signature of Lucy Sibert and (Address) Coshocton - Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Coshocton O. Date 4-25-1930

19. UNDERTAKER J. E. Glass (Address) Coshocton O.

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

20. FILED 4/25-1930 Jurkegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-1930

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:

180 Conflagration of

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 Ln