

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson  
Township Coal

Registration District No. 641 File No. 28566  
Primary Registration District No. 4953 Registered No. 1111

or Village No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of \_\_\_\_\_

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 William B. James Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. Coalton R. D. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Winifred James (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) July 1<sup>st</sup> 1889

7. AGE Years 43 Months 10 Days 2 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professional Base Ball  
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) Coalton Ohio (State or country) \_\_\_\_\_

MOTHER FATHER 13. NAME Edwin James

14. BIRTHPLACE (city or town) Wintersville Ohio (State or country) \_\_\_\_\_

15. MAIDEN NAME Mary Jane Thomas

16. BIRTHPLACE (city or town) Polysburg Ohio (State or country) \_\_\_\_\_

The Signature of 17. INFORMANT Winifred James and (Address) New Boston Ohio

18. BURIAL, CREMATION, OR REMOVAL Ridge Wood Wells Date May 7<sup>th</sup> 1933

19. UNDERTAKER A. G. Edwards (Address) New Boston Ohio

19a. Was body embalmed? Yes Embalmer's No. 3085a

20. FILED May 6 1933 David Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3<sup>rd</sup> 1933

22. April 28 HEREBY CERTIFY, That I attended deceased from 1933 to May 3 1933  
I last saw him alive on May 2 1933 death is said to have occurred on the date stated above at 2:00 a. m.

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

Grippe 11 B Apr 27

CONTRIBUTORY CAUSES of importance not related to principal cause: \_\_\_\_\_

Septic endocarditis May 2

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? No

If so, specify \_\_\_\_\_  
(Signed) A. B. Mills M. D.

Date 5/6 1933 Address New Boston