

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Richland Registration District No. 1113 File No. 8854  
Township Madison Primary Registration District No. 5420 Registered No. 36  
or Village No. 113 W. 5th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Mansfield (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Walter W. West Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. 113 W. 5th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. 8 mos. 14 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married  
6a If married, widowed or divorced HUSBAND of (or) WIFE of Ella West

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1860  
7 AGE Years 68 Months 4 Days 14 If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman  
(c) Name of employer Unknown Jackson Twp.

9 BIRTHPLACE (city or town) Richland County, Ohio  
(State or country)

10 NAME OF FATHER Joshua West

11 BIRTHPLACE OF FATHER (city or town) Ohio  
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Ann White

13 BIRTHPLACE OF MOTHER (city or town) Chambersburg, Penna  
(State or country)

14 Informant Mrs. M. W. West  
(Address) #113 W. 5th St

15 Filed 1-15-29 J. P. Meyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 1-13-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 12, 1929  
that I last saw him alive on Jan 12, 1929

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Influenza  
Pneumonia

CONTRIBUTORY (SECONDARY) Chronic Nephritis and Diabetes  
(duration) yrs. 2 mos. \_\_\_\_\_ ds. (duration) yrs. 13 mos. \_\_\_\_\_ ds.

18 Where was disease contracted \_\_\_\_\_  
If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. C. Nigh M. D.

(Address) 1-14, 1929 (Address) 113 N. Mulberry St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF Burial, Cremation, or Removal Mansfield Cemetery DATE OF BURIAL 1-15-29

20 UNDERTAKER Chas. Schroer ADDRESS Mansfield

20a EMBALMER J. C. Schuster LICENSE NO. 2570A