

**COLUMBUS
CERTIFICATE OF DEATH**

State File No. **5117**
Registrar's No. _____

Reg. Dist. No. **8400**

PLACE OF DEATH:
 (a) County **Muskingum**
 (b) **Zanesville**
(City, Village, Township)
 (c) Name of hospital or institution:
1023 Spring Street
(If not in hospital or institution, write street No. or location)
 (d) Length of stay: in hospital or institution _____
(Days)
 In this community **Lifetime**
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Ohio** (b) County **Muskingum**
 (c) City or village **Zanesville**
(If outside city or village, write RURAL)
 (d) Street No. **1023 Spring Street**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

FULL
3. NAME James Howard CATON
 (a) if veteran, name war _____ (b) Social Security No. **296-03-9036**
 4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mabel Caton** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 16, 1894**
(Month) (Day) (Year)
 8. AGE: Years **53** Months **5** Days **22**
If less than one day hr. min.

MEDICAL CERTIFICATION
 20. Date of death: Month **January** day **8**
 year **1948** hour **10** minute **30 P. M.**

9. Birthplace **Zanesville, Ohio**
(City, town, or county) (State or foreign country)
 10. Usual occupation **City employee**
 11. Industry or business _____
 12. Name **Howard M. Caton**
 13. Birthplace **Zanesville, Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Louella Terry**
 15. Birthplace **Zanesville, Ohio**
(City, town, or county) (State or foreign country)

21. I hereby certify that I attended the deceased from _____
coroner's certificate, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above. **Duration**
 Immediate cause of death **Coronary occlusion**
 Due to _____
942-0
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings of operation _____
 Major findings of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's signature **Mrs. Mabel Caton**
 (b) Address **1023 Spring St**
 17. (a) Burial, cremation, or other; (b) Date **Jan. 12-'48**
(Month) (Day) (Year)
 (c) Place **Greenwood Cemetery**
 (d) **Arthur A. Bryan** **4295 A**
(Name of embalmer) (Lic. No.)
 18. (a) **H. B. DeLong** **2165**
(Signature of Funeral Director) (Lic. No.)
Hearing-Bryan-DeLong
 (b) Address **Zanesville, Ohio**
 19. **Jan. 9-48** (b) **Mildred Halbert**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or Village) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) How did injury occur? _____
 23. Signature **Stouffer**
(Specify if Doctor of Medicine or Osteopathy)
 Address **Zanesville, O** Date signed **1-9-48**