

Weber, Joseph Henry 1888 - 1935

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH	
1 PLACE OF DEATH	
County <u>Butler</u>	Registration District No. <u>4214</u> File No. <u>46818</u>
Township <u>Union</u>	Primary Registration District No. _____ Registered No. <u>14</u>
or Village <u>Maud</u>	No. _____ St., _____ Ward _____
or City of _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
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 <u>Joseph Weber</u> Did Deceased Serve in U. S. Navy or Army _____	
(a) Residence. No. <u>Maud, Ohio</u> St., _____ Ward _____ (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>
5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>	
5a. If married, widowed, or divorced (or) WIFE of the late <u>Edith Tuttle</u>	
6. DATE OF BIRTH (month, day, and year) <u>June-26-1888</u>	
7. AGE Years <u>47</u>	Months <u>1</u>
Days <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade profession, or particular kind of work done, as <u>Manager</u>	
9. Industry or business in which work was done, as <u>Dairy Farm</u>	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>	
13. NAME <u>B. Joseph Weber</u>	
14. BIRTHPLACE (city or town) <u>Germany</u> (State or country) _____	
15. MAIDEN NAME <u>Mary Bunker</u>	
16. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>	
17. INFORMANT (The Signature of <u>Mr. J. G. Heber</u> and (Address) <u>13th Glenwood Ave. Cin. O.</u>)	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's Cem.</u> Date <u>Aug-14-1935</u>	
19. FUNERAL DIRECTOR <u>Small's Funeral Home</u> No. <u>939</u> (Address) <u>St. Bernard, O.</u>	
19a. Was body embalmed <u>Yes</u> Embalmer's Lic. No. <u>1294A</u>	
20. FILED <u>8-31</u> 19 <u>35</u> <u>James W. Heston</u> Registrar.	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Aug-11-1935</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10th</u> 19 <u>35</u> , to <u>Aug 11th</u> 19 <u>35</u> . I last was <u>was</u> alive on <u>Aug 11th</u> 19 <u>35</u> , death is said to have occurred on the date stated above at <u>7:00 a.m.</u>	
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Diabetes Chronic</u> Date of onset _____	
CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Nephritis Acute</u> <u>La. Grippe</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> 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) <u>J. W. Sudden</u> M. D. Address <u>3020 Victoria Blvd</u>	
Date <u>12</u> 19 <u>35</u>	