

Department of Health of The City of New York
 BUREAU OF RECORDS
 STANDARD CERTIFICATE OF DEATH

St.

176 42 132
 corner of premises,
 tenement, private,
 hospital or other place, etc.

Registered No. 2664

FULL NAME Joseph O. Webb

COLOR OR RACE

5 SINGLE,
 MARRIED,
 WIDOWED,
 OR DIVORCED
 (Write the word)

15 DATE OF DEATH

March 19, 1914
 (Month) (Day) (Year)

AGE OF BIRTH

1 (Month) 1 (Day) 1 (Year)

27 yrs. 1 mos. 6 ds. or min.?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 21 day of March

1914, taken charge of the body of deceased found at 176 42 132 and that an inquest thereon is pending.

Joseph O. Webb

Coroner.

OCCUPATION

Trade, profession, or
 your kind of work.

GENERAL NATURE OF INDUSTRY,
 PLACE OF ESTABLISHMENT IN
 EMPLOYED (or employer)

PLACE
 (State or country)

How long in
 8 (if of foreign birth)

(9) How long resident in City
 of New York

NAME OF
 FATHER

BIRTHPLACE
 OF FATHER
 (State or country)

MAIDEN NAME
 OF MOTHER

BIRTHPLACE
 OF MOTHER
 (State or country)

ADDITIONAL INFORMATION required in deaths in hospitals and institutions deaths of non-residents and recent residents.

Other or
 evidence

17 I hereby certify that I have viewed said body and from
 and evidence, that he died on the 19 day of
 March 1914, at M., and that
 the cause of his death was as follows:

Glucosidase Gas
 Bruised

P. O. Webb

Coroner's Physician.

18 PLACE OF BURIAL

18th Street Cemetery

DATE OF BURIAL

Mar 20, 1914

19 UNDERTAKER

Fred Shubay 265 W 120 St

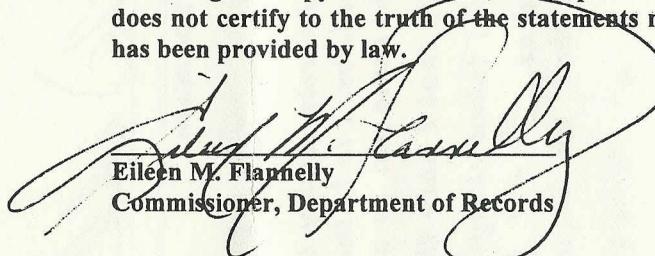
ADDRESS

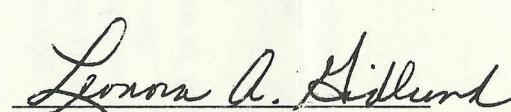
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.


Eileen M. Flannery
Commissioner, Department of Records


Leonora A. Gidlund
Director, Municipal Archives



**Department of
Records**

**MUNICIPAL ARCHIVES
31 Chambers Street, Room 103
New York, NY 10007
Tel: 311 or (212) NEW-YORK (out-side NYC)
www.nyc.gov/records**

EXEMPLIFICATION OF BIRTH, DEATH, OR MARRIAGE RECORD

I, Leonora A. Gidlund, Director of the Municipal Archives Division of the New York City Department of Records and Information Services, a Department of the municipal corporation known as the City of New York, do hereby certify that the attached transcript of the certificate of Birth ✓ Death Marriage is a true copy of the original now on file in the Municipal Archives; that I have compared the said transcript with the original record, and that the same is a correct transcript of said original record and of the whole thereof; and that the seal thereon impressed is the official seal of the Department of Records and Information Services. I further hereby certify that I am the Director of the Municipal Archives Division of the New York City Department of Records and Information Services, where said certificate and record is on file; and that I am authorized to certify the said record in accordance with Section 552-2.0 of the *Administrative Code of the City of New York*.

The foregoing transcript is a true copy of said original record, identified as:

Certificate Number 9664 Year 1914
Place of Birth ✓ Death Marriage Manhattan

In witness whereof I have hereunto set my hand
and caused the seal of the Department of
Records and Information Services of the City of
New York to be affixed this 14 day of
June in the year 2013.

Leonora A. Gidlund
Signature