

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

BOUGH OF

Man

776 W 137

St.

Owner of premises,
tenant, private,
public or other place, etc.

Private

Registered No. 9664

FULL NAME

Joseph D. Webb

COLOR OR RACE

W

S SINGLE,
M MARRIED,
W WIDOWED,
O OR DIVORCED
(Write the word)

SM

15 DATE OF DEATH

March

19

1914

(Month)

(Day)

(Year)

AGE OF BIRTH

(Month)

(Day)

(Year)

If LESS than
1 day, ... hrs.
or ... min.?

27 yrs. 1 mos. 6 ds.

DURATION

Trade, profession, or
other kind of work

Electrician

General nature of industry,
business or establishment in
which employed (for employer)

BIRTHPLACE

(State or country)

How long in
U.S. (if of foreign birth)

(9) How long resi-
dent in City
of New York

NAME OF
FATHER

BIRTHPLACE
OF FATHER

(State or country)

M Maiden NAME
OF MOTHER

BIRTHPLACE
OF MOTHER

(State or country)

Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.

Place of
residence

16 I hereby certify that the foregoing partic-
ulars (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 776 W 137 St
and that an inquest thereon is pending.

Coroner

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:

Accidental Gas
Poisoning

Coroner's Physician

18 PLACE OF BURIAL

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Michael C. Carr Mar 28 1914
Fred Schubert 265 W 137 St

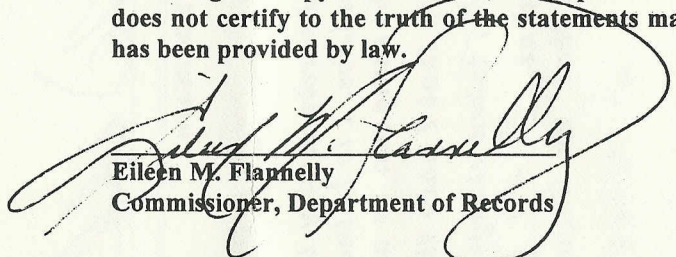
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

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. Flannelly
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