

**DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County Jefferson
Township _____

Registration District No. 654 File No. 75466
Primary Registration District No. 8278 Registered No. 587

Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

City of Steubenville Did Deceased Serve in U. S. Navy or Army _____

FULL NAME Thomas J. Weidham
(a) Residence. No. 510 Wacker St., 3rd Ward. (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth M. Gray

DATE OF BIRTH (month, day, and year) May 17, 1879

AGE Years Months Days If LESS than 1 day...hrs. or...min.
47 6 27

OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Tailoring

(b) General nature of Industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer None

BIRTHPLACE (city or town) Steubenville
(State or country) Ohio

10 NAME OF FATHER Michael Weidham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't know

12 MAIDEN NAME OF MOTHER Ellen M. Cornuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

Informant George Weidham
(Address) Steubenville, Ohio

15 Filed 12-21-1926 Con M. Toloy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11/26 19... to Dec 13 19... 26

that I last saw him alive on Dec 13 19... 26
and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:
Mycelitis
Definitely as to symptoms
12/11/26 to death 12/14/26
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Trauma occurred Oct 30/26
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at place death

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms
(Signed) Jas A. Rodley M. D.

12/16/26 (Address) Steubenville O

* 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 Mr. Leavary, Lou. DATE OF BURIAL Dec 17-1926

20 UNDERTAKER R. J. Shannon & Son ADDRESS Steubenville

20a EMBALMER D. W. R. Pharran LICENSE NO. 539 A.