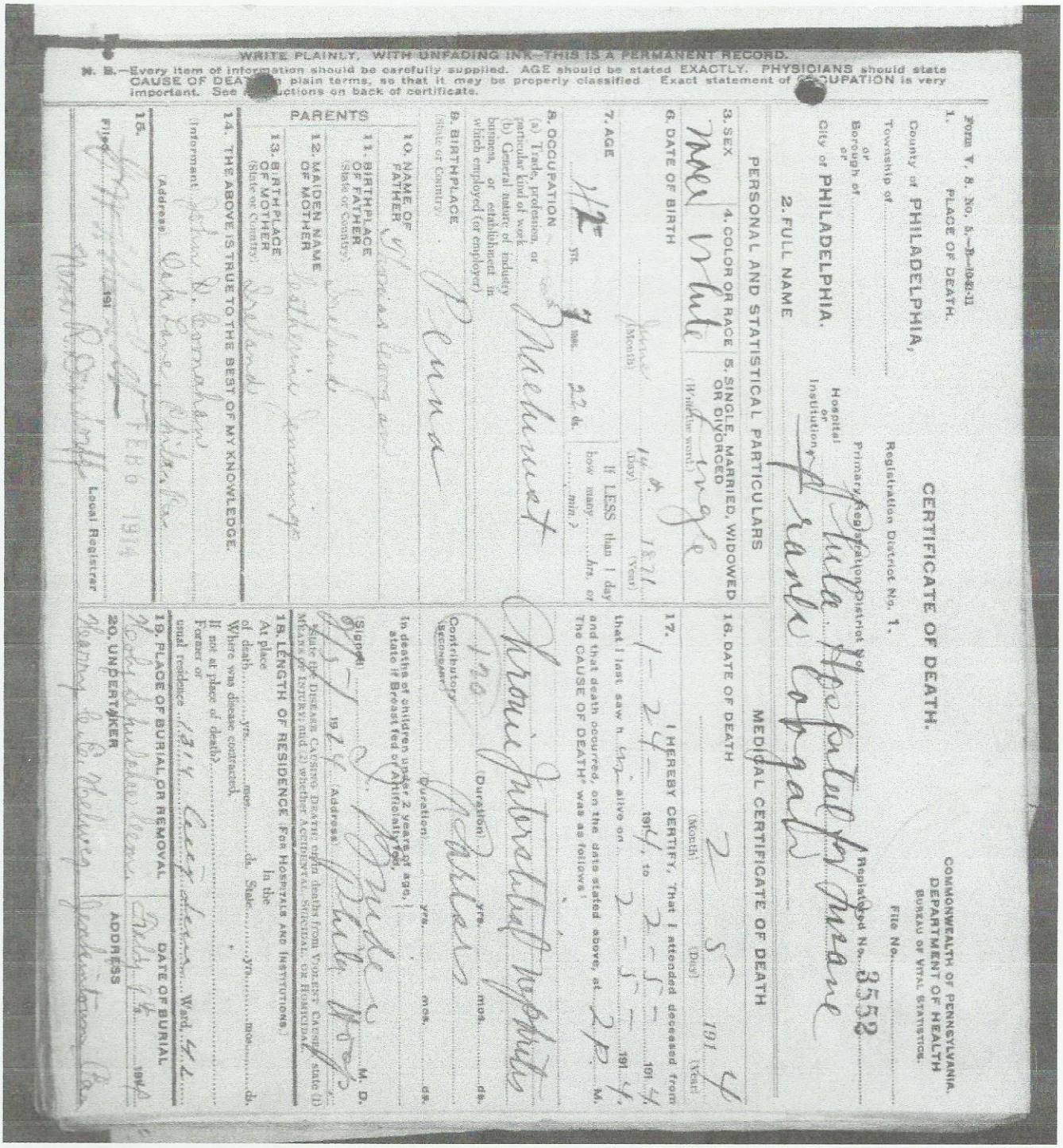

Form V. S. No. 5—B—1908-11

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

File No.

1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of

Registration District No. 1.

or Borough of

Primary Registration District No.

Registered No. 352

or

Hospital or Institution

City of PHILADELPHIA.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

6. DATE OF BIRTH (Month) (Day) (Year)

7. AGE yrs. mos. ds.

If LESS than 1 day how many hrs. or min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

PARENTS

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15.

Filed 191

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 to 191, and that I last saw h alive on 191, and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) M. D.

(Address)

18. LENGTH OF RESIDENCE (For Hospitals and Institutions.)

In the

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence Ward.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 191

20. UNDERTAKER

ADDRESS