

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.

HVS-20007—50M—9-46

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **103864**Primary Dist. No. **09-08-81**Registered No. **168****1. PLACE OF DEATH:**

(a) County **BUCKS**
(b) Township **HILLTOWN**
(c) Borough
(d) City
(e) Name of hospital or institution **PERKINSIE, R.D.#3**
(If not in hospital or inst. write street number or location)
(f) Length of stay:
In hospital or inst. (g) In this community **50 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **PA** (b) County **BUCKS**
(c) City or town **RURAL**
(If outside city or town limits, write RURAL)
(d) Street No. **PERKINSIE, R.D.#3**
(If rural give location)
(e) If citizen of foreign country, name country

3. (a) FULL NAME **IDA L. SNYDER****3. (b) If U. S. Veteran, complete reverse side of certificate****3. (c) Social Security No.**

4. Sex **F** race **W** divorced **WIDOWED**
6. (b) Name of husband or wife **PETER SNYDER** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **MAY 31 1874**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
75 6 20 hr. min.

9. Birthplace **BUCKS CO PA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**11. Industry or business **SELF**

12. Name **PETER WILDONGER**
13. Birthplace **PA**
(City, town, or county) (State or foreign country)

14. Maiden name **SOPHIA (KENT)**
15. Birthplace **PA**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Leon W. Snyder**
(b) Address **PERKINSIE, R.D.#3**

17. (a) **BURIAL** (b) Date thereof **DEC 15 1949**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **PERKINSIE** County **BUCKS** State **PA**

18. (a) Signature of funeral director **R. A. Benner**
(b) Address **Perkinsie Pa**

19. (a) **Dec. 14, 1949** (b) **R. A. Benner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month **Dec.** day **11**
year **1949** hour **3** minute **00 A.M.**

21. I HEREBY CERTIFY, That a ~~an~~ view was held upon the body of the above named deceased on the **11** day of **Dec.**, 1949; that the jury rendered a verdict giving the cause of death as follows:

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

Address **Perkinsie Pa** Date signed **12/11/49**