Form V. S. No. 5.—100M-5-17-15.

30547

1. PLACE OF DEATH.

County of Jefferson

Township of Perry

or

Borough of

or

City of

CERTIFICATE OF DEATH

Registration District No. 220

Primary Registration District No. 2794

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

File No. 37

Registered No. 182

(No. , St., Ward.)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Henry Dibler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH March 20 1839
(Month) (Day) (Year)

7. AGE yrs. 78 mos. 8 ds. 20

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) Retired Farmer

9. BIRTHPLACE (State or Country) Armstrong Co Pa

PARENTS

10. NAME OF FATHER George Henry Dibler

11. BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Susan Norbert

13. BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

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

(Informant) Amos Dibler

(Address) Mayport R F D

15. Filed May 5 1918 J. T. Stockdale Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30 1918.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 15 1917, to March 30 1918.

that I last saw him alive on March 24 1918.

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(a)

(Duration) yrs. 7 mos. 1/2 ds.

Contributory (Secondary.) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) H. W. Allison M. D.

Mar. 31 1918 (Address) Dublin, Pa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At Place of death ..... yrs ..... mos ..... ds.

In the State ..... yrs ..... mos ..... ds.

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

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mount Tabor — DATE OF BURIAL April 1 1918

20. UNDERTAKER Samuel Shilling — ADDRESS Kingwood

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