

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

Form V. S. No. 5-50M-5-16-07.

PLACE OF DEATH.

County of

Township of

or

Borough of

or

City of

(If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information.")

FULL NAME

Registration District No.

Primary Registration District No.

COMMONWEALTH OF PENNSYLVANIA.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

File No.

Registered No.

St.; Ward

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

AGE

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDBIRTHPLACE
(State or County)

OCCUPATION

NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or County)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or County)THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

Filed

Aug. 31 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

A.M. The CAUSE OF DEATH was as follows:

Contributory

(Signed)

1909 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or
Recent Residents.

Former or Usual Residence.....How long at.....Place of Death.....?Days

Where was disease contracted?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS