1. PLACE OF DEATH

COUNTY OF PHILADELPHIA

CERTIFICATE OF DEATH

36

NOT CONTAGIOUS

95485

TOWNSHIP OF .... REGISTRATION DISTRICT NO. 1. OK FILE NO. 22350

OR BOROUGH OF .... PRIMARY REGISTRATION DISTRICT NO. Sellers REGISTERED NO.

OR CITY OF PHILADELPHIA. (NO. 1229 Snopa St.; 36 WARD) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Margaret Long

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: White · 5. COLOR OR RACE: White · 4. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word):	16. DATE OF DEATH: Sept (Month) 7 (Day) 1918 (Year)
6. DATE OF BIRTH: June (Month) 9 (Day) 1880 (Year)	17. I HEREBY CERTIFY, THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAMED DECEASED ON THE .... DAY OF .... 191..; THAT THE JURY RENDERED A VERDICT GIVING THE CAUSE OF DEATH AS FOLLOWS:
7. AGE: 38 yrs. 2 mos. 28 ds. If LESS than 1 day how many ....hrs. or min.?	AT THE INQUEST... NOT CONTAGIOUS
8. OCCUPATION (a) Trade, profession, or particular kind of work: Housekeeper (b) General nature of industry business, or establishment in which employed (or employer):	
9. BIRTHPLACE (State or Country): Penna	
PARENTS 10. NAME OF FATHER: Wm Long	(SIGNED) Wm R Knight CORONER
11. BIRTHPLACE OF FATHER (State or Country): W. Penna	......19...... (ADDRESS)
12. MAIDEN NAME OF MOTHER: Sarah Kilpatrick	*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13. BIRTHPLACE OF MOTHER (State or Country): Penna.	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 .... Ward
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) W R Schofield (ADDRESS) 1127 So 20th	19. PLACE OF BURIAL OR REMOVAL: Holy Cross · DATE OF BURIAL: Sept 12 1918
15. FILED SEP 9 1918 191.. LeMaur LOCAL REGISTRAR	20. UNDERTAKER: W. R. Schofield · ADDRESS: 1127 S. 20th

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.