

George Kilpatrick in the Philadelphia, Pennsylvania, Death Certificates Index, 1803-1915

Name:	George Kilpatrick
Birth Date:	abt 1838
Death Date:	7 Nov 1905
Death Place:	Philadelphia, Pennsylvania
Age at Death:	67
Burial Date:	11 Nov 1905
Burial Place:	Philadelphia, Pennsylvania
Gender:	Male
Race:	White
Occupation:	Brickmaker
Street address:	315 Cherry Street
Residence:	Philadelphia, Pennsylvania
Cemetery:	Anatomical B. D.
Marital Status:	Widowed
FHL Film Number:	1022648

Source Information

Ancestry.com. *Philadelphia, Pennsylvania, Death Certificates Index, 1803-1915* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2011.

Original data:

"Pennsylvania, Philadelphia City Death Certificates, 1803-1915." Index. FamilySearch, Salt Lake City, Utah, 2008, 2010. From originals housed at the Philadelphia City Archives. "Death Records".

Description

This database contains an index extracted from various Philadelphia, Pennsylvania, death records. [Learn more...](#)

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George Kilpatrick Death 1905

N. B.—A certificate of death is a document of great importance. More than 4,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given correctly, legibly, and as fully as possible.

TO PHYSICIANS.

1. The attending physician must furnish a certificate in ordinary cases, within 48 hours after death; in contagious cases, within 12 hours. (Act of Assembly.)
2. All physicians practicing in the City of Philadelphia must be registered in the Bureau of Health. (Act of Assembly.)
3. If a person dies from criminal violence, or by a casualty, or suddenly while in apparent health, or when unattended by a physician, or when a registered physician has been in attendance for less than 24 hours, or in any suspicious or unusual manner, the case must be referred to the Coroner.
4. Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death:

Abortion.	Gangrene.	Necrosis.
Abscess.	Gastritis.	Peritonitis.
Cellulitis.	Erysipelas.	Phlebitis.
Childbirth.	Meningitis.	Pyæmia.
Convulsions.	Metritis.	Septicæmia.
Hæmorrhage.	Miscarriage.	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by the Coroner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart Failure," "Dropsy," or other mere symptoms, as the sole cause of death, will be accepted, unless accompanied by a satisfactory written explanation.
6. In all cases of death from Cancer or Tumor, the physician must give the location of the same in order that it may be properly classified.
7. In all cases of Still Birth the physician must give the date of delivery in lieu of date of death, and must also give the surname of the child.

RETURN OF A DEATH IN THE CITY OF PHILADELPHIA.

25348

Hospital Certificate.

1. Full Name of Deceased, *George Kilpatrick*
2. Color, *White* State if ☐ Chinese, ☐ Japanese, ☐ Indian.
3. Sex, *Male*
4. ☒ Single, ☐ Married, *Widower* State if ☐ Widow, ☐ Divorced.
5. Age, *67* Years, *11* Months, *7* Days. (If age is less than one day, give hours.)
6. Date of Death, Year, *1905*, Month, *11*, Day, *7*.

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTERLINED, CORRECTED or ALTERED, as all such changes impair its value as a Public Record.

7. Cause of Death, *Chief, Diabetic gangrene of right foot*
Contributing, Arterio-sclerosis
8. Place, or Street and Number from which Patient was received *312 Cherry St*
Must be given in all cases.

—This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state who issued.

Asst Dodge
Hospital, *Philadelphia*

M. D.

Undertaker's Certificate.

9. Occupation, *Bookmaker* (Give occupation for all persons 15 years of age and over.)
10. Place of Birth, *Germany*
11. Birthplace of Father, _____
12. Birthplace of Mother, _____
13. When a ☐ Name of Father, ☒ Minor, ☐ Name of Mother.
14. Ward, wherein death occurred, *27*
15. Buried from, Street and No., *2nd St*
16. Date of Burial, *11/14 1905*
17. Place of Burial, *Wissahickon*

—This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.

Geo Miller Undertaker.
Residence, *2121 Ferry St*