Form V. S. No. 5.-A--10-26-09.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of PHILADELPHIA,
Township of ....
or
Borough of ....
or
City of PHILADELPHIA. (No. 3215 Oakford St.; 36 Ward.)

Registration District No. 1.
Primary Registration District No. ....

File No. 123071
Registered No. 26822

2. FULL NAME Robert Kilpatrick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed
6. DATE OF BIRTH: July (Month) 4th (Day) 1855 (Year)
7. AGE: 60 yrs. 6 mos. 12 ds. If LESS than 1 day how many ....hrs. or ....min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work: Brick Maker
(b) General nature of industry business, or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Phila

PARENTS

10. NAME OF FATHER: George Kilpatrick
11. BIRTHPLACE OF FATHER (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Sarah Alwin
13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harry C. F. Carson
(Address) 1213 South Broad

15. Filed DEC 17 191.. [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 12 (Month) 16 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/10 1915, to 12/16 1915, that I last saw h.... alive on 12/16 1915, and that death occurred, on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia
91
(Duration) 6 yrs. .... mos. .... ds.
Contributory (SECONDARY.) ....
(Duration) .... yrs. .... mos. .... ds.
In deaths of children under 2 years of age, state if Breast fed or Artificially fed,
(Signed) [illegible] M. D.
12/17 1915 (Address) 2825 [illegible]

*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 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 Moriah
DATE OF BURIAL: Dec 20th 1915
20. UNDERTAKER: Harry C. F. Carson
ADDRESS: 1213 So. Broad

Important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very