

Form V. S. No. 5.-30M-2-14-08.

## 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. ....

(No. ....)

COMMONWEALTH OF PENNSYLVANIA.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

File No. ....

69980

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

(Month) ....

(Day) ....

(Year) ....

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

190

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) ....

(Day) ....

1909

I HEREBY CERTIFY, That I attended deceased from

1909

to

1909

that I last saw him alive on

1909

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

M. The CAUSE OF DEATH was as follows:

Acute Myocardial Infarction

281

(Duration) ....

Days

Contributory

(Duration) ....

Days

(Signed)

M. D.

1909

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or

Recent Resident

Former or

Usual Residence

How long at

Place of Death

70 days

Where was disease contracted?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

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.

WEIPE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.