

MARGIN RESERVED FOR BINDING

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

HVS-20007-85M-5-49		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. <b>46602</b>
Primary Dist No.		29		Registered No. <b>9217</b>
BIRTH NO.				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. County <b>Phila</b>		a. State <b>PA</b> b. County <b>Phila</b>		
b. City (If outside corporate limits, write RURAL and give township) <b>Phila</b>		c. City (If outside corporate limits, write RURAL and give township) <b>Phila</b>		
c. Length of Stay (in this place)		d. Street Address <b>3014 Oakford Dr</b>		
d. Full Name of Hospital or Institution <b>Phila Gen Hosp</b>				
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)		
a. (First) <b>James</b>		OF DEATH <b>5 4 50</b>		
b. (Middle)		c. (Last) <b>KILPATRICK</b>		
5. SEX <b>M</b>		6. COLOR or RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>May 21-1882</b>		
9. AGE (yrs. If Under 1 Yr. If Under 24 Hrs. If Under 36 Hrs.) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)		
10a. <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		
11. FATHER'S NAME <b>Robert Kilpatrick</b>		12. CITIZEN OF WHAT COUNTRY?		
13. MOTHER'S MAIDEN NAME <b>Emma J. McMillough</b>		14. INFORMANT'S OWN SIGNATURE <b>Robert Kilpatrick</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		
17. ADDRESS <b>2508 S 67th St.</b>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbidity conditions, if any, DUE TO (b)		
		cause (a) stating the underlying cause last.		
		DUE TO (c)		
		II OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21a. ACCIDENT (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) Hour OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		
22. I hereby certify that a view (an inquest) was held upon the body of the deceased and that death occurred at .....m., E.S.T., from the cause stated on the line stated above.		23. ADDRESS		
23a. SIGNATURE OF CORONER <b>Joseph C. Murphy</b>		23b. ADDRESS <b>Phila</b>		
23c. DATE SIGNED <b>5/6/50</b>				
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <b>May 5-50</b>		
24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cem</b>		24d. LOCATION (Town, township and county) (State) <b>Phila Pa.</b>		
DATE REC'D by LOCAL REG. <b>5-7-50</b>		25. SIGNATURE OF FUNERAL DIRECTOR <b>J. J. McMillan</b>		
REGISTRAR'S SIGNATURE <b>Joseph D. Danell</b>		ADDRESS <b>136 S 29th St.</b>		