

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

HVS-SD-25M-11-39-10

1. PLACE OF DEATH
County Phila
Township _____
Borough _____
City Phila

Primary Dist No. 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

413 22931

CERTIFICATE OF DEATH
No. 3032 South Oakford Street* St. _____ Ward. _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
(If U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) Mr. David S. Kilpatrick..
Residence: No. 3032 South Oakford Street.. St. 36 Ward. _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 14-1877

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ mins.
63.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fitter Pressman

9. Industry or business in which work was done, as silkmill, sawmill, bank, etc. Chemine Co

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Penna

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or Country) Penna

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or Country) Pa

17. SIGNATURE OF INFORMANT 3032 Oakford St
(Address) Mr. Margaret Kilpatrick

18. BURIAL, CREMATION, OR REMOVAL Date 3/11/41 1941
Place Mr. Peace County Phila State Pa

19. UNDERTAKER (name and address) W. Miller 1346 S 29 St.

20. FILED MAR 1 1941 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 10th, 1941.
(month, day, and year)

22. I HEREBY CERTIFY, That an inquest was held upon the body of the above named deceased on the _____ day of _____, 19____; that the jury rendered a verdict giving the cause of death as follows:
The principal cause of death and related causes of importance were as follows:
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Charles H. Hersch Coroner
(Address) _____