Form V. S. No. 5—B—20M-10-3-24

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 4013

Registered No.

1. PLACE OF DEATH

County of PHILADELPHIA,

Township of

or Borough of

or City of PHILADELPHIA.

Registration District No. 1.

Primary Registration District No.

Hospital or Institution Phila., Gen. Hospt.

2. FULL NAME Joseph Kilpatrick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (month day, and year): 1860

7. AGE — Years: 64 — Months: — Days: — IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer: William Long

9. BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10. NAME OF FATHER: George Kilpatrick
11. BIRTHPLACE OF FATHER (city or town) (State or country): Iceland
12. MAIDEN NAME OF MOTHER: Sarah Elvin
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: William Long
(Address) 1541 S. 33rd St

15. Filed ....., 19..... Registrar

11—3184 FEB 16 1925

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 15 (Day) 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1925, to Feby 14th, 1925, that I last saw him alive on Feby 14th, 1925, and that death occurred, on the date stated above, at 9:10 P.m.

The CAUSE OF DEATH* was as follows:

1° Pulmonary Tuberculosis and Tuberculous Pleurisy. 31-90

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CONTRIBUTORY (SECONDARY)
1° Emphysema
2° (duration) ..... yrs. ..... mos. ..... ds. Rapid Deterioration
3° Chronic Myocarditis
4° (duration) ..... yrs. ..... mos. ..... ds. Arteriosclerosis.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jas. E. Bethel, M. D.
Feby 15, 1925 (Address) Phila Genl Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, AND (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Marian
DATE OF BURIAL: 2/19/25

20. UNDERTAKER: W. R. Schofield
ADDRESS: 1278 20th