

## CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS1. PLACE OF DEATH  
County of Allegheny  
Township of .....  
or  
Borough of .....  
or  
City of PittsburghRegistration  
District No. ....Primary Registration  
District No. ....

File No. ....

Registered No. ....

[If death occurs  
in a Hospital or Insti-  
tute, give its NAME and  
address of street and num-  
ber.]2. FULL NAME Mrs. Susan Parks Oldham  
(a) Residence, No. 2022 St. Adelaide St., 19th Ward. 19th  
(Usual Place of Abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofThomas Oldham6. DATE OF BIRTH (month, day and year) April 3, 18487. AGE Years Months Days IF LESS  
87 7 5 than 1 day  
..... hrs.  
or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business or establishment in which  
employed (or employer)  
(c) Name of employerRetired  
0799. BIRTHPLACE (city or town)  
(State or Country) Pittsburgh Pa10. NAME OF FATHER James Parks11. BIRTHPLACE OF FATHER (city or town)  
(State or Country) Pittsburgh Pa12. NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country) Don't know14. Informant Harry Oldham (Son)  
(Address) 2022 St. Adelaide15. Anna G. Henderson  
NOV 11 1935, 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 8  
(Month) (Day)17. I HEREBY CERTIFY, That I attended deceased  
May 8, 1935 to Nov 8, 1935  
that I last saw him alive on Nov 7, 1935  
and that death occurred, on the date stated above, at 48  
The CAUSE OF DEATH\* was as follows:Carcinoma of Oterues  
(duration) 5 yrs. 48 mos.CONTRIBUTORY  
(Secondary)  
(duration) 48 yrs. 48 mos.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?

(Signed) A. J. Langlof  
Nov 9, 1935 (Address) 1060 Charta\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CA-  
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,  
CIDAL, or HOMICIDAL. (See reverse side for additional space.)19. PLACE OF BURIAL, CREMATION OR  
REMOVAL Highwood Cem DATE OF BURIAL Nov 1120. UNDERTAKER T. C. Herschberger Son ADDRESS 426 So 11  
Pittsburgh

(OVER)

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.

11/8/35