PITTSBURGH CITY, ALLEGHANY, PA DEATH RECORDS

1.	Full name of deceased,	Delilah Banks
2.	Color,	White
3.	Sex,	Female
4.	Age,	Eighty Two Years
5.	Married or single,	
6.	Occupation,	
7.	Date of death,	July 24 187 2
8.	Cause of death,	Old Age
9.	When a minor, { Name of father, / Name of mother,	
10.	Birthplace,	Hagerstown Md
11.	Late residence, No.	19 Foster Alley Street, 3 Ward.
12.	Time of residence therein,	Two Years
13.	Place of previous residence,	City
14.	Place of interment,	Allegheny Cemetery
15.	Date of interment,	July 25 1872
16.	Name of physician or other person signing certificate,	D. J. Gallaher M.D.
17.	His residence,	61 Sixth Street
18.	Undertaker,	Farman & Samson
19.	Date of certificate,	July 24 1872
20.	Date of registration.	July 25 1872

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PITTSBURGH, ALLEGHANY, PA DEATH RECORDS

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Form V. S. No. 5—50M—3-24-22.

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 88303

Registered No. 113

Registration District No. 692

Primary Registration District No. 3028

1. PLACE OF DEATH

County of Mercer

Township of Springfield

or Borough of

or City of (No. , St., Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Alexander Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 3 (Day) 1848 (Year)

7. AGE: yrs. 75 mos. 6 ds. 3

If LESS than 1 day how many.....hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession, or, particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9. BIRTHPLACE (State or Country): Mercer Penna

PARENTS

10. NAME OF FATHER: William Wilson

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Delilah Parks

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Wilson

(Address) Mercer RD6 Pa

15. Filed Aug 7 1923

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 6 (Day) 1923 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1923, to Aug 6 1923, that I last saw h[illegible] alive on Aug 5 1923, and tha' death occurred, on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

2 M (Duration) Indefinite mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J B Hoffman M. D.

8-7 1923 (Address) Grove City Pa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Findley Cemetery

DATE OF BURIAL: Aug 8 1923

20. UNDERTAKER: C. A. Blackadon

ADDRESS: Grove City

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