

PLACE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

53233

County of.....

Township of.....

or

Borough of.....

or

City of.....

Registration District No.....

Primary Registration District No.....

File No.....

Registered No.....

[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]

FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

AGE

SINGLE, MARRIED,
WIDOWED, OR DIVORCEDBIRTHPLACE
(State or County)

OCCUPATION

NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or County)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or County)THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

5 16 1908

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

5/4 1908 to 5/12 1908

that I last saw her alive on 5/16 1908

and that death occurred, on the date stated above, at 1.30

M. The CAUSE OF DEATH was as follows:

Acute Peritonitis
Appendicitis 270

(Duration) Days

Contributory Acute Pneumonia

Acute Nephritis (Duration) Days

(Signed) Nina Mackenzie M. D.

1908 (Address) W.P. Kos for Women

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or
Recent Residents.Former or Usual Residence Fallington How long at 12
Place of Death? Days

Where was disease contracted?.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Yndleypa 5/22 1908

UNDERTAKER

ADDRESS

McBair 10 Fulbert St

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.