Form V. S. No. 5.-30M-2-14-08.

PLACE OF DEATH.

		BUREAU OF VITAL STATISTICS.
County of		CERTIFICATE OF BEATH 67
Township of Reg	gistration District No	File No.
or		9/1/19
Borough of Pri	mary Registration Dist	rict No. Registered No.
or /////	fal/1	as the
City of Mala (No.	0 -,0 /	St.; Ward) [If death occurred in a Hospital or Institution,
Ilf death occurs away from		give its NAME instead of street and number.]
USUAL RESIDENCE give facts called for under		Jevesiem
"Special Information."] FULL NAME		
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR		DATE OF DEATH
DATE OF BIRTH		(Month) (Day) (Year)
DATE OF BIRTH	_ 919	I HEREBY CERTIFY, That I attended deceased from
(Month) (I	Day) (Year)	912-01 912-6
AGE		190 to 190
years, months,	days.	that I last saw h alive on 190
SINGLE, MARRIED,		and that death occurred, on the date stated above, at
WIDOWED, OR DIVORCED		and that death occurred, on the same stated above, at
BIRTHPLACE		
(State or County)		
OCCUPATION		. 0 1 11 (1)
		Dette Som
NAME OF FATHER MAULE		(Duration)Days
BIRTHPLACE OF FATHER		Contributory Temu
(State or County)		
MAIDEN NAME		(Duration) Days
OF MOTHER	manunt	(Signed) M. D.
BIRTHPLACE		0 1411/1/10 M
OF MOTHER (State or County)		190 Address /////
July July		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
THE ABOVE STATED PERSONAL PARTIC	CULARS ARE TRUE ND BELIEF	Former or How long at Usual Residence
(Informant) (MSLAM)	W	Where was disease contracted?
6 - 20 DO 0: 44- M		PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) JOHN Sutt/A		Mon sidal 9 3 1909
Ve TA- A		UNDERTAKER ADDRESS
190	Registrar	Kolnithwant 129/4/ flo
THE RESERVE OF THE SECOND SECO		The state of the s

COMMONWEALTH OF PENNSYLVANIA.