



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No. 90904-31

Primary Dist No. 51

CERTIFICATE OF DEATH

Registered No. 20657

1. PLACE OF DEATH a. County <u>Philadelphia</u>		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State <u>Pa.</u> b. County <u>Phila.</u>	
b. City, Borough or Township <u>Philadelphia</u>		c. City, Borough or Township <u>Philadelphia</u>	
c. Length of stay in 1b.		d. Street Address or Location <u>2524 W. Hagert St.</u>	
d. FULL NAME (If Not in Hospital, give street address) of HOSPITAL or INSTITUTION <u>2524 W. Hagert St.</u>		e. Is Residence Inside Municipality Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Is Place of Death Inside Municipality Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. Is Residence on a Farm? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) <u>George W. Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2-1931</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <u>7-3-1852</u>	9. AGE (in years last birthday) <u>79</u>	If under 1 year	If under 24 hrs.	10. FULL NAME OF SPOUSE <u>Charlotte H. Bradley</u>	11. BIRTHPLACE (Also give state or foreign country) <u>Pa.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	13. FATHER'S NAME <u>George Bradley</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Thomas</u>	15. USUAL OCCUPATION (even if retired) <u>Ret. Policeman</u>	16. Social Security No.	17. INFORMANT <u>John Bradley (S. Moore)</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)] PART I. Death was caused by:		Interval Between Onset and Death
IMMEDIATE CAUSE (a) <u>Carcinoma of Liver</u>		<u>6 mos</u>
DUE TO (b) <u>General arteriosclerosis</u>		<u>2 yrs</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED	20c. Time of Injury	Hour, m. E.S.T.	Month, Day, Year
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP	COUNTY	STATE
21. I hereby certify that I attended the deceased from <u>9:00 am</u> , 19 <u>31</u> , to <u>10-2</u> 19 <u>31</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>31</u> , and that death occurred at <u>9:30 pm</u> , E.S.T., from the causes and on the date stated above.				
22a. SIGNATURE <u>W. Carlis Krutten</u>	M.D. or D.O.	22b. ADDRESS <u>2462 W. 19th</u>	22c. DATE SIGNED <u>Oct. 4 1931</u>	
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>	23b. DATE <u>10-6-31</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Northwood Cem.</u>	23d. LOCATION (City, Boro., Twp. & County) (State)	
24. DATE REC'D BY REG. <u>10-6-1931</u>	25. SIGNATURE OF REGISTRAR'S SIGNATURE <u>S. Kohn</u>	26. SIGNATURE OF FUNERAL DIRECTOR <u>J. G. Strongfield</u>	ADDRESS <u>1937 W. 3rd St.</u>	