

PRIMARY DIST. NO. 65-10-81

CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: <i>Westmoreland</i>		2. DECEASED'S MAILING ADDRESS b. Post Office, Zone, and State		3. VETERAN a. Which War		4. NAME OF DECEASED (Type or print) a. (First) <i>Samuel</i> b. (Middle) <i>W.</i> c. (Last) <i>Brown</i>		5. DATE OF DEATH Month <i>Nov.</i> Day <i>8</i> Year <i>1931</i>	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number) <i>Mt. Pleasant</i>		e. Street address, R. D., or Box Number		Yes <input type="checkbox"/> No <input type="checkbox"/>		b. Serial No.			
d. Full Name of Hospital or Institution (If not in hospital, give street address)									
6. WHERE DID DECEASED ACTUALLY LIVE? a. State		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of _____ city or borough.							
7. SEX <i>male</i>		8. COLOR OR RACE <i>white</i>		9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10. DATE OF BIRTH <i>5-21-1877</i>		11. AGE (in years) last birthday <i>54</i>	
12. USUAL OCCUPATION (even if retired) <i>Superintendent Coal Mines</i>		13. SOCIAL SECURITY NO.		14. BIRTHPLACE (State or foreign country) <i>Tennessee</i>		15. CITIZEN OF WHAT COUNTRY?			
16. FULL NAME OF SPOUSE <i>Gertrude Null Brown</i>		17. MOTHER'S MAIDEN NAME <i>Brown</i>		18. FATHER'S NAME <i>John G. Brown</i>		19. INFORMANT'S NAME AND ADDRESS <i>Mrs. Samuel W. Brown R.D. 2 Mt. Pleasant</i>			

**MEDICAL CERTIFICATE** (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:

IMMEDIATE CAUSE (a) *Mossdale Gas Poison*

Conditions, if any, which gave rise to above cause DUE TO (b) *found dead in garage*

(a) starting the underlying cause last. DUE TO (c) *(accidental)*

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED? Yes  No

22. a. ACCIDENT Yes  No  22. b. DESCRIBE HOW ACCIDENT OCCURRED

22. c. TIME OF ACCIDENT Hour \_\_\_\_\_ of \_\_\_\_\_ m. \_\_\_\_\_ E.S.T.

22. d. ACCIDENT OCCURRED While at \_\_\_\_\_ Not while \_\_\_\_\_ work  at work

22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)

22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at \_\_\_\_\_ m., E.S.T.

a. Signature *James W. Harkins* 11-9-31 M. D. b. Address *Greensburg, Pa.* c. Date signed *Nov. 9, 1931*

24. a. BURIAL CREMATION REMOVAL    24. b. DATE *11-10-1931* 24. c. NAME OF CEMETERY OR CREMATORY *Scottdale Cemetery* 24. d. LOCATION (City, Boro., Twp., & County) (State)

25. DATE REC'D BY REG. *11-10-1931* 25. REGISTRAR'S SIGNATURE *J.C. Stevenson* 26. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR *Carl W. Lemmon Mt. Pleasant*