

Primary Dist. No. 23-05-21

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

450 408
File No. 4
Registered No. 177

1. PLACE OF DEATH
County Delaware
Township Lansdowne
Borough _____
City _____

CERTIFICATE OF DEATH

No. 288 Wycombe Avenue St. _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and

Length of residence in city or town where death occurred 3 yrs. 3 mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos.

(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) George Louis Gilham
Residence: No. 288 Wycombe Avenue St. _____ Ward. _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Sept 17, 1899
7. AGE Years Months Days If LESS than 1 day, hrs. or mins.
37 7 8

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Physical Education Junior High School
10. Date deceased last worked at this occupation (month and year) 1-6-37
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or Country) Pa.

13. NAME Geo. Gilham

14. BIRTHPLACE (city or town) (State or Country) Pa.

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) (State or Country) Pa.

17. SIGNATURE (name and address) OF INFORMANT D. Francis D'Eliseo
1050 11th St

18. BURIAL, CREMATION, OR REMOVAL: Date 4/26, 1937
Place Sharonville, Pa. State _____

19. UNDERTAKER (name and address) By John Johnson - 18 W. Cherry St
Phos. J. Casey
APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25
22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1935 to 4-25

I last saw him alive on 4-25, 1937; death to have occurred on the date stated above, at 3:00 P.m. EST

The principal cause of death and related causes of importance were as follows:
Hodgkins Disease

726-69
Other contributory causes of importance:
Generalized toxemia, cachexia, convulsions and eventually cardiac failure.

Name of operation Appendectomy Date of _____ 8-30
Phys and Pathologic Exam. Was there an autopsy? _____
What test confirmed diagnosis? _____

23. If death was due to external causes (violence), fill in also the Accident, suicide, or homicide? X Date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James M. Eaton