

## 1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of .....

Borough of .....

City of PHILADELPHIA.

## CERTIFICATE OF DEATH.

Registration District No. 1.

Primary Registration District No. ....

Hospital  
or  
Institution,St Mary's  
Frank LaneCOMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

File No. ....

Registered No. 28017

## 2. FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. DATE OF BIRTH Aug 9 1886

7. AGE 56 yrs. mos. ds. If LESS than 1 day how many.....hrs. or min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Pa.

10. NAME OF FATHER John A.

11. BIRTHPLACE OF FATHER Pa.

12. MAIDEN NAME OF MOTHER Miss F. Sutton

13. BIRTHPLACE OF MOTHER Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David J. Lane  
(Address) 408 Randolph Bldg

15.

Filed OCT 16 1912

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 14 1912  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/5 1912 to 10/14 1912, that I last saw him alive on 10/14 1912, and that death occurred, on the date stated above, at 1:40 A.M. The CAUSE OF DEATH\* was as follows:

chronic parenchymatous nephritis  
120Contributory (SECONDARY) Haemia & arteriosclerosis  
(Duration)..... yrs. .... mos. .... ds.

In deaths of children under 2 years of age, state if Breastfed or Artificially Fed.

(Signed) Dr. Ben Kaufmann M. D.

19. Address

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS AND INSTITUTIONS.)

At place In the  
of death..... yrs. .... mos. .... ds. State..... yrs. .... mos. .... ds.

Where was disease contracted,

If not at place of death? .....

Former or usual residence 1224 Spruce St. Ward,

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Samuel's Ch. Oct. 18 1912

20. UNDERTAKER

ADDRESS

Oliver &amp; Co. 180 Chestnut