

## 1. PLACE OF DEATH

Primary  
Dist. No. 64-11-21COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4105

County BeaverTownship Beaver Borough Rochester

City \_\_\_\_\_

## CERTIFICATE OF DEATH

File No.

Registered No. 37No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a HOSPITAL or INSTITUTION, give the NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ days - How long in St. S. or foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

## 2. FULL NAME (type or print)

Percy S. Rising

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

Residence No. Wampat Pa

St.

Ward \_\_\_\_\_

(Usual place of abode)

(If not resident, give place, county, and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Dark flow

7. AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sabaw

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation \_\_\_\_\_

OCCUPATION

MOTHER

FATHER

MOTHER

MOTHER

12. BIRTHPLACE (city or town) (State or Country) Beaver Pa13. NAME Percy S. Rising14. BIRTHPLACE (city or town) (State or Country) Beaver Pa15. MAIDEN NAME Industry Janshik Soares16. BIRTHPLACE (city or town) (State or Country) Beaver Pa17. SIGNATURE (name and address) OF INFORMANT Elmer Strohman18. BURIAL, CREMATION, OR REMOVAL: Date Feb 1, 1938Place Beaver County Beaver State Pa

19. UNDERTAKER (name and address)

J. Janshik Beaver Pa20. FILED Jan 29, 1938 Marie S. Gordon

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28, 1938I HEREBY CERTIFY that an autopsy was held upon the body ofthe above-named deceased on the 28 day of Jan1938; that the jury rendered a verdict giving the cause of death

as follows: \_\_\_\_\_

The principal cause of death and related causes of importance were

as follows: \_\_\_\_\_ Date of onset

Chronic myocarditiswith acute coronaryobstruction - suddensudden deathpleurisy - Bilateralthe American LegionHonorary in Rochester Pa

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_ 1938

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? Yes

If so, specify \_\_\_\_\_

(Signed) D. H. C. Mc Carter Coroner(Address) Beaver Falls Pa