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PA STATE ARCHIVES
SEDNorth Street, Harrisburg, PA 17120-0090
PA Historic & Museum Commission

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	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF	
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	Ε	DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important.
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1. PLACE OF DEATH 2. COUNTY—PILL A DELBMIA 3. COUNTY—PILL A DELBMIA 4. COUNTY—PILL A DELBMIA 5. CITY (If-outside corpogate—limits, write-RURAL) at LENGTH OF STAY (It this DOROUGH DELGMIA) 5. THE COUNTY—PILL A DOROUGH DELGMIA (It this DOROUGH DELGMIA) 6. FULL MAME OF (If not in hospital g institution, give street about the service of the place) 6. FULL MAME OF (If not in hospital g institution, give street about the service of the place) 6. STREET 7. ADDRESS 12 4 W. DUTHAM S + 1. DATE (Month) (Day) (Year) 1. DATE (Month) (Day) (Year) 1. DATE (Month) (Day) (Year) 1. S. NAME OF STAY (If this DOROUGH DELTH) 2. SEX 6. COLOR OR RACE 7. MARRIED, REVER MARRIED, BY ADDRESS 12 4 W. DUTHAM S + 1. S. DATE OF DEATH FFB. 1. S. DATE OF BIRTH FFB. 1. S. DATE OF BIRTH MONTH DAY (Specify) MARRIED, REVER MARRIED, BY ADDRESS 12 5 W. SECRETAIN BLE. 1. S. MAS DECEASED TYPEN BLY SARMED-FORCESS 16. SOCIAL SECURITY NO. 1. S. MAS DECEASED TYPEN BLY SARMED-FORCESS 16. SOCIAL SECURITY NO. 1. MOTHER'S MAIDEN NAME NOT BE STAY OF SIGNATURE STAY ADDRESS 12 1 MINISTRY COUNTY? 2. MAINTENANCE TO BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY ADDRESS 12 SOCIAL SECURITY NO. 2. MOTHER'S MAIDEN NAME NOT BE STAY AD	Primary S	50M—5-49 —— -10	COMMONWEALTH OF DEPARTMENT OF BUREAU OF VITAL CERTIFICATE	F HEALTH STATISTICS		ile No	17120
OROUGH OR	001111		4	a. STATE	CE (Where deceased b. COUNTY	lived. If inst	itution: residence pefore admission).
INSTITUTION 1 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) ANNA BARBARA (Annual College) (Specify) ANNA BARBARA (SPECIFY ANNA BAR	OR	and give t	ownship) STAY (In this	OR BOROUGH	PHILA.		
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13. FATHER'S NAME NON ASCERTAIN ABLE 14. MOTHER'S MAIDEN NAME NON ASCERTAIN BLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. (If yes, complete reverse side or certificate) 16. SOCIAL SECURITY NO. (If yes, complete reverse side or certificate) 18. CAUSE OF DEATH Inter-only-one-cause 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREDICAL CERTIFICATION ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (b) CONTROLL CONTROLL CERTIFICATION ANTECEDENT CAUSES DUE TO (c) CONTROLL CERTIFICATION ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (c) CONTROLL CERTIFICATION II. OTHER SIGNIFICANT CONDITIONS COnditions contributing to the death but not related to the disease or condition causing death. To the signification of the condition causing death. 10. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CONDITIONS COND	of work done during	TION (Give kind 10b. most of working	KIND OF BUSINESS OR	11. BIRTHPLACE (A country)	lso give State or fo	reign 12. CIT COUN	TRY?_
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Sease, injury. Or muscled death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12. Conditions contributing to the death but not related to the disease or condition causing death. 13. DATE OF OP- ERATION 14. ACCIDENT SUICIDE HOMICIDE HOMICIDE 15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16. TIME (Month) (Day) (Year) (Hour) 17. INJURY 18. INJURY OCCURRED 19. INDURY 19. INJURY 19. INJURY OCCURRED 19. INJURY OCCURRED 19. INJURY OCCURRED 19. INJURY 1	nter only one cause r line for (a), (b), (d (c) *This does not ean the mode of ing, such as heart lilure, asthenia, c. It means the	I. DISEASE OR CONDIDIRECTLY LEADING ANTECEDENT CAUSES Morbid conditions, if to the above cause	TION CE I TO DEATH* (a) CE I DUE TO (b any, giving rise (a) stating the	REBRAL TH		ONS	A YAS
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23a. SIGNATURE Leave M. Couloil D. O. 46. M. P. Passard Com. 2.3-52 4a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Town, township and county) (State) 175 Williams M. Mary Couloil Many C. ATE REC'D BY 25 L REGISTRAR SIGNATURE (1988) 25 SIGNATURE OF FUNERAL DIRECTOR ADDRESS	22. I hereby certify alive on F.F.	that I attended the d	eceased from	, 19 72, to	from the causes a	that I last sa nd on the da	w the deceased te stated above.
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