CERTIFICATE OF DEATH

CENSUS TRACT NO.

CLASS NO.

NO. OF RECORD 43929

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH:
(a) Street address Jersey City N J
(b) Name of hospital or institution
(c) Length of stay: In hospital or institution
(d) In District of Columbia

2. USUAL RESIDENCE OF DECEASED:
(a) State N J (b) County
(c) City or town Jersey City (If outside city or town limits write RURAL)
(d) Street address (If rural give location)
(e) Citizen of what country?

3. (a) FULL NAME (Print or type) ARTHUR DEVLIN

3. (b) SOCIAL SECURITY NO.

3. (c) IF VETERAN, NAME WAR

4. SEX: Male

5. COLOR OR RACE: White

6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

6. (b) NAME OF HUSBAND OR WIFE Gertrude G. Devlin

7. BIRTH DATE OF DECEASED (Month) (Day) (Year)

8. AGE: Years	Months	Days	If LESS than one day ___ hr. ___ min.
68	11	2	

9. BIRTHPLACE (City, town or county) (State or foreign country)

10. USUAL OCCUPATION Retired

11. INDUSTRY OR BUSINESS Ball Player

Father: 12. NAME (Print)
13. BIRTHPLACE (City, town, or county) (State or foreign country)

Mother: 14. MAIDEN NAME (Print)
15. BIRTHPLACE (City, town, or county) (State or foreign country)

16. (a) INFORMANT
(b) ADDRESS
(c) RELATION OF INFORMANT TO DECEDENT

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL Congressional Cemetery
(b) DATE Sept 21st 1948 (Month) (Day) (Year)

18. (a) Jam Lee Sons Co. (Signature of funeral director)
(b) ADDRESS 300 - 4th St N E

19. Funeral Director's or Embalmer's License Number 218

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 18, 1948 (Month) (Day)

at ___ m. (State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from ___, 19___, to ___, 19___;
That I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death — DURATION

~~Not Stated~~

Due to Arterio Sclerosis

Due to

Other conditions

(Include report of pregnancy within 3 months of death)

OPERATION:
Name ___ Date ___
Major findings
Autopsy findings

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, in industrial place, in public place? (Specify type of place)
(e) Means of injury

23. SIGNATURE Wm A. Purcell M.D.
Address Registrar Date signed

REMARKS: (For the use of physicians, the coroner, etc.)
9/21/48 Congressional Cemetery, W M Henning, Supt

IMPORTANT NOTICE.—Failure to submit a Certificate of Death to the Health Department within forty-eight hours after the date of death is a violation of the laws of the District of Columbia. It is also a violation for any person or persons having custody of a body to hold it unburied for a longer period than one week after death. Violation of these laws is punishable by fine or imprisonment or both.

THIS IS A PERMANENT RECORD. PLEASE FILL OUT WITH TYPEWRITER (EXCEPT SIGNATURES) OR WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY; if unknown, give approximate age. PHYSICIANS should state CAUSE of DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Space for remarks may be found on the other side.

Form 7 Rev. HDVS

P-590-0