

1. PLACE OF DEATH.

County of Lacka
Township of
Borough of
City of Carbondale

CERTIFICATE OF DEATH.

Registration District No. 598
Primary Registration District No. 34
(No. Emergency Hospital St. 1 Ward.)

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

File No. 24069
Registered No. 79

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME

John Free

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word.)

6. DATE OF BIRTH Feb 17 1872
(Month) (Day) (Year)

7. AGE 41 yrs. mos. ds. If LESS than 1 day how many hrs. or min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employed)

9. BIRTHPLACE (State or Country) Carbondale, Pa.

10. NAME OF FATHER Michael Free

11. BIRTHPLACE OF FATHER (State or Country) Douglas

12. MAIDEN NAME OF MOTHER Catharine Mahgan

13. BIRTHPLACE OF MOTHER (State or Country) Douglas

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

(Informant) Mrs. J. Free
(Address) City

15. Filed March 6 1913 Fred W. Lewis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 3 1913
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1913 to March 3 1913 that I last saw him alive on March 3 1913 and that death occurred, on the date stated above, at M. The CAUSE OF DEATH* was as follows:

Nephrotic

120 (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) D. J. Boland M. D.
Mar 6 1913 (Address) Carbondale Pa.

*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, Institutions, Transients or Recent Residents).
At place of death yrs. mos. ds. In the 41 State Pa. yrs. mos. ds.
Where was disease contracted, If not at place of death, Former or usual residence Larven St.

19. PLACE OF BURIAL OR REMOVAL St Rose Cemetery DATE OF BURIAL Mar. 6 1913

20. UNDERTAKER Wm J. M. M. M. City ADDRESS