

This is to certify that the following information is taken from a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

OCT 6 1976

(DATE)



No 8947

Leonard Bachman

(SECRETARY OF HEALTH)

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 VITAL STATISTICS
CERTIFICATION OF DEATH

File No. 66998-23

Registered No. 89

Primary Dist. No. 3077

1. DEATH OCCURRED IN: <i>Montgomery</i>		A. COUNTY		2. DECEASED'S MAILING ADDRESS: <i>Home for Consumptions</i>		A. STREET ADDRESS					
B. CITY OR BOROUGH		C. TOWNSHIP		B. POST OFFICE, STATE <i>Chestnut Hill</i>		3. VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO					
C. TOWNSHIP <i>Springfield</i>		A. WHICH WAR		B. SERIAL NO.		5. DATE OF DEATH MONTH DAY YEAR <i>6 21 23</i>					
4. NAME OF DECEASED A. FIRST <i>William J.</i>		B. MIDDLE		C. LAST <i>Grevell</i>							
6. SEX <i>M</i>	7. RACE <i>W</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		9. DATE OF BIRTH <i>3-5-1898</i>		10. AGE (IN YRS. LAST BIRTHDAY) <i>25</i>		IF UNDER 1 YR. MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
11. USUAL OCCUPATION (EVEN IF RETIRED) <i>Prof. Ball Player</i>		12. SOCIAL SECURITY NUMBER <i>—</i>		13. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>N. J.</i>		14. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					
15. FULL NAME OF SPOUSE <i>—</i>				16. MOTHER'S MAIDEN NAME <i>M. J.</i>							
17. FATHER'S NAME <i>Pa. William J. Grevell</i>				18. INFORMANT'S NAME AND ADDRESS <i>Mary A. Morgan</i>							
19. A. BURIAL <i>—</i>		19. B. DATE <i>6-25-23</i>		19. C. NAME OF CEMETERY OR CREMATORY <i>—</i>		19. D. LOCATION (CITY, BORO., TWP. & COUNTY) (STATE) <i>Williamstown, N. J.</i>					
20. DATE REC'D BY REG. <i>6-22-23</i>		21. REGISTRAR <i>J. R. Leshes</i>		22. NAME AND ADDRESS OF FUNERAL DIRECTOR <i>Hirk & Nice, Germantown</i>							