

CERTIFICATE OF DEATH STATE OF DELAWARE BOARD OF HEALTH

2193

FILE NO.

REGISTERED NO.

1641

1. PLACE OF DEATH:

(A) COUNTY New Castle Wilmington
(B) HUNDRED
(C) CITY OR TOWN Wilmington
(D) NAME OF HOSPITAL OR INSTITUTION Delaware Hospital
(E) LENGTH OF STAY IN HOSPITAL OR INSTITUTION 2 mos. 10 days
IN THIS COMMUNITY 45 years

2. USUAL RESIDENCE OF DECEASED:

(A) STATE Delaware (B) COUNTY N.C.
(C) CITY OR TOWN Wilmington
(D) STREET NO. 227 S. Union St. City 128
(E) IF FOREIGN BORN, HOW LONG IN U. S. A. 1/2 YEARS

3 (A) FULL NAME

3 (B) IF VETERAN.

3 (C) SOCIAL SECURITY

NAME WAR

NO.

4. SEX Male 5. COLOR OR RACE White 6. (A) SINGLE, WIDOWED, MARRIED, DIVORCED Married
7. BIRTH DATE OF DECEASED January 1, 1868
8. AGE: YEARS 77 MONTHS 9 DAYS IF LESS THAN ONE DAY
9. BIRTHPLACE Philadelphia Pa.
10. USUAL OCCUPATION Delaware Power & Light Co.
11. INDUSTRY OR BUSINESS
12. NAME David R. Gearfoss Pa.
13. BIRTHPLACE
13A. NATIONALITY American
14. MAIDEN NAME Adelaide Bradley Pa.
15. BIRTHPLACE
15A. NATIONALITY American

MEDICAL CERTIFICATION

20. DATE OF DEATH: MONTH 9 DAY 12 YEAR 45 HOUR 9:45 AM MINUTE
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 2, 1945, TO September 12, 1945. THAT I LAST SAW HIM ALIVE ON September 12, 1945.

AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE. DURATION 2 mos.

IMMEDIATE CAUSE OF DEATH Peripneumonia

DUE TO Generalized Arteriosclerosis 5 yrs.
DUE TO Cerebral Arteriosclerosis

OTHER CONDITIONS (Include pregnancy within 3 months of death)

MAJOR FINDINGS: OF OPERATIONS: OF AUTOPSY: PHYSICIAN Underline the cause to which death should be charged statistically.

16. (A) INFORMANT'S OWN SIGNATURE Lattie N. Gearfoss

(B) ADDRESS 227 S. Union Street

17. (A) Burial (B) DATE THEREOF Sept. 15, 1945 (C) PLACE: BURIAL OR CREMATION Northwood Cemetery Philadelphia Pa.

18. (A) SIGNATURE OF FUNERAL DIRECTOR James J. Chandler

(B) ADDRESS 2011 Jefferson Street

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?
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?

WHILE AT WORK? (E) MEANS OF INJURY

23. SIGNATURE Edg or P Miller M.D. ADDRESS 246 sunny fm DATE SIGNED 9/12/45

P. 13106

Handwritten signatures of registrars