HVS-20109 (Rev.)—150M—3-54

(Fee for this Certificate, $1.00)

This to Certify that the following is a true and correct copy of 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.

№ 473280

SEP 30 1960
(Date)

C. L. Wilbar Jr.
(Secretary of Health)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Primary Dist. No. —

File No. 115106-10
Registered No. 28834

1. PLACE OF DEATH a. County: Phila.
b. City or Borough: Philadelphia
c. Length of Stay (in this place): —
d. Full Name of Hospital or Institution: Phila. Hospital

2. USUAL RESIDENCE a. State: — b. County: —
c. City or Borough: —
d. Street Address: —

3. NAME OF DECEASED a. (First) Charles b. (Middle) D. c. (Last) Barker

4. DATE OF DEATH (Month) (Day) (Year): 11-23-1910

5. SEX: M.
6. COLOR or RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH:
9. AGE (in yrs. last birthday): 56 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10a. USUAL OCCUPATION: Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE: Phila.
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, complete reverse side of certificate): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: K. Coates ADDRESS: Phila. Hosp.

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulm. Tub.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) Hour m. E.S.T.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1910, to 11-23, 1910, that I last saw the deceased alive on 11-23, 1910, and that death occurred at 1:30 P.m. E.S.T. from the causes and on the date stated above.

23a. SIGNATURE: C. R. Baker M.D.
23b. ADDRESS: Phila. Hosp.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 11-26-10
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Bd.
24d. LOCATION (Town, township and county) (State)

DATE REC'D by LOCAL REG.: —
REGISTRAR'S SIGNATURE: G. W. Atherholt
25. SIGNATURE OF FUNERAL DIRECTOR ADDRESS: G. Willie, 5021 Lancaster Ave.

Form V. S. No. 5.—B—10-26-09.

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1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

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

County of PHILADELPHIA,
Township of
or Borough of
or City of PHILADELPHIA.

Registration District No. 1.
Primary Registration District No.
Hospital or Institution, Philadelphia

File No.
Registered No. 28834

2. FULL NAME Charles D. Barber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): widower
6. DATE OF BIRTH: (Month) (Day) (Year)
7. AGE: 56 yrs. mos. ds. If LESS than 1 day how many hrs. or min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer): Bricklayer
9. BIRTHPLACE (State or Country): Philada

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Katharine Coates
(Address) Phila Hosp't

15.
Filed ....191.. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11-23 (Month) (Day) 1910 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-21 1910, to 11-23 1910, that I last saw him alive on 11-23 1910, and that death occurred, on the date stated above, at 1:30 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(Duration) ? yrs. mos. ds.

Contributory (SECONDARY) 28
(Duration) yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) Carroll R. Baker, M.D.
11/23 1910 (Address) Phila Hosp't

*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 AND INSTITUTIONS.)
At place of death 3 yrs. 1 mos. 9 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Ward,

19. PLACE OF BURIAL OR REMOVAL: Anatomical
DATE OF BURIAL: 11/26 1910

20. UNDERTAKER: Geo. Willie
ADDRESS: 5021 Lancaster