

(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.

No 469297

SEP 30 1960

(Date)

C. L. Wilber Jr.
(Secretary of Health)COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATHPrimary
Dist No. 481
9

File No. 55623-15

Registered No. 335

1. PLACE OF DEATH a. County <u>Delaware</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <u>Delaware</u> b. County <u>Delaware</u>	
b. City (If outside corporate limits, write RURAL and give township) or Borough <u>Chester</u>		c. City (If outside corporate limits, write RURAL and give township) or Borough <u>Chester</u>	
d. Full Name of Hospital or Institution <u>127 E. 3rd St.</u>		d. Street Address (If rural, give location) <u>127 E. 3rd St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>H.</u> c. (Last) <u>Berry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 - 1915</u>		
5. SEX <u>male</u>	6. COLOR or RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 31, 1842</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>alderman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		9. AGE (in yrs. last birthday) <u>72</u>	
11. BIRTHPLACE (also give State or foreign country) <u>Penna.</u>			12. CITIZEN OF WHAT COUNTRY <u>-</u>		
13. FATHER'S NAME <u>Washington Berry</u> Born <u>Pa.</u>			14. MOTHER'S MAIDEN NAME <u>Maria Haney</u> Born <u>Ireland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, complete reverse side of certificate) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		
17. INFORMANT'S OWN SIGNATURE <u>Thomas H. Berry, Jr.</u>			ADDRESS <u>127 E. 3rd St.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL Between ONSET and DEATH <u>1 mo. 12 d.</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Tuberculosis</u>				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, DUE TO (b) <u>-</u>				
		giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c) <u>-</u>				
		II OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 (Month) (Day) (Year) Hour OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 24, 1915</u> , to <u>June 6, 1915</u> , that I last saw the deceased alive on <u>June 5, 1915</u> , and that death occurred at <u>11 A.M. E.S.T.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. R. Brothers</u>			M.D. <u>MD</u>		23b. ADDRESS <u>415 E. 9th St.</u>		23c. DATE SIGNED <u>6-7-15</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 9, 1915</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chester Rural Cem.</u>		24d. LOCATION (Town, township and county) (State) <u>-</u>		
DATE REC'D by LOCAL REGISTRAR'S SIGNATURE				25. SIGNATURE OF FUNERAL DIRECTOR			
1915				ADDRESS			