

Primary
Dist. No. 4Registered No. 743CERTIFICATE OF DEATH 245

1. CAUSE OF DEATH: Sacka
 County Scranton Pa
 City or borough or township Scranton Pa
 Name of hospital or institution:

Was not in hospital or institution write street number or location
 Length of stay: In hospital or institution _____
 (Specify whether _____)
 community _____
 months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State PENNA (b) County LACKA
 (c) City or town SCRANTON
 (If outside city or town limits, write RURAL).
 (d) Street No. 315 GIBSON ST.
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

FULL NAME WILLIAM P. COUGHLIN,

Was U. S. Veteran, complete _____ 3 (c) Social Security
 Reverse side of certificate No. _____
 5. Color or _____ 6. (a) Single, widowed, mar-
WHITE race WHITE ried, divorced WIDOWER
 Name of husband or wife 6 (c) Age of husband or wife
DECEASED if alive ** _____ years
 date of deceased 1878

Years _____ Months _____ Days _____ If less than one day
 Yrs _____ hr. _____ min.

Place PENNA
 (City, town, or county) (State or foreign country)
 Occupation COLLEGE COACH
 Industry or business LAFAYETTE COLLEGE
 Name MICHAEL COUGHLIN
 Birthplace IRELAND
 (City, town, or county) (State or foreign country)
 Maiden name MARY BROWN
 Birthplace PENNA
 (City, town, or county) (State or foreign country)

Informant's own signature Katherine Coughlin
 Address 315 GIBSON ST., SCRANTON, PA.

BURIAL (b) Date thereof 5/10/43
 Burial, cremation, or removal (Month) (Day) (Year)

Place: burial or cremation Cathedral Cemetery

Signature of funeral director Wm. J. ...
 Address 1 PLATT PLACE, SCRANTON, PA.

Date received local registrar May 8, 1943 (b) Pearle C. Keese
 (Registrar's signature)

James W. ...

MEDICAL CERTIFICATION
 20. Date of death: Month July day 7th
 year 1943 hour 2:30 minute _____
 21. I hereby certify that I attended the deceased from
July, 1943 to July, 1943
 that I last saw him alive on 5/6/43, 1943;
 and that death occurred on the date and hour stated
 above.

Immediate cause of death
Myocardial Infarction

Due to Cholesterol
 Due to 74a

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) (Probably) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial
 place, in public place? _____
 (Specify type of place)

While at work? _____ (e) Means of injury
 23. Signature James W. ... M.D. or other)
 Address Scranton Pa Date signed 5/8/43

DURATION

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.